

**Company Name**  
**Inspection Report For Reinforcement Works**

<b>PROJECT</b>		<b>ABC</b>			
<b>Client</b>		<b>XYZ</b>			
<b>Report No.</b>		<b>Date of Inspection</b>			
<b>Location of work</b>		<b>Ref.Drawing No.</b>			
<b>Work done TIME : from                      to</b>					
S/N	DESCRIPTION	CHECK			REMARKS
		Yes	No	N.A	
1	Rebar Type Correct				
2	Rebar Diameter Correct				
3	Rebar Numbers And Spacing Correct				
4	Bars Tied Properly/Welded				
5	Inserts and embedments are in proper position as per drg and securely tighed				
6	Cleanliness				
7	Adequate Cover				
8	Proper Anchorages				
9	Lap Lengths Correct				
10	Location Of Laps Correct				
11	Proper Links And Stirrups				
12	Binding wire not in cover zone				
13	Rigidity				
14	Possible To Vibrate				
15	Extra / Additional Bars Provided ( If Yes, Provide Details)				
<b>COMPANY ENGINEER</b>			<b>CLIENT ENGINEER</b>		
<b>Name</b>		<b>Name</b>			
<b>Sign</b>		<b>Sign</b>			
<b>Date</b>		<b>Date</b>			