

VERIFICATION INSPECTION CHECKLIST



TRADE: **STUD WALL CHECKLIST PRIOR TO INSTALL OF PARTITIONS**

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
1	<input type="checkbox"/>	Builders' work correctly completed (e.g.: chases, holes etc.)
2	<input type="checkbox"/>	Backgrounds sufficiently dry and suitable to receive battens/coverings
3	<input type="checkbox"/>	Environment suitable for work to commence
4	<input type="checkbox"/>	Unloading, storage and distribution of materials
5	<input type="checkbox"/>	Delivered materials
6	<input type="checkbox"/>	Information available on co-ordination with suspended ceilings
	<input type="checkbox"/>	- dimensions correct
	<input type="checkbox"/>	- protective treatment
	<input type="checkbox"/>	- moisture content

Section Complete Subcontractor Name: _____ Company: _____ Proline sign: _____ Date: _____

Installation (Subcontractor & Proline Site Manager to tick off items when checked)

7	<input type="checkbox"/>	Setting out checked and signed off
8	<input type="checkbox"/>	Stud centres compatible with sheet size and application
9	<input type="checkbox"/>	DPC fixed below sole plates, if required
10	<input type="checkbox"/>	Sole plate correctly fixed
11	<input type="checkbox"/>	Main batten/stud centres correct and studs properly aligned
12	<input type="checkbox"/>	Additional studs/noggins fixed to suit board sizes and any fixtures eg.: radiators
	<input type="checkbox"/>	
13	<input type="checkbox"/>	Correct fixings used and all members secure
14	<input type="checkbox"/>	Insulation required is provided before plasterboard lining applied
15	<input type="checkbox"/>	Services within or behind studwork correctly installed
16	<input type="checkbox"/>	Bracing required has been correctly provided
17	<input type="checkbox"/>	Record approval to cover over on backing to studwork
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Work completed by (Subcontractor Name / Sign): _____ Date: _____

Work Inspected by (Proline Name/ Sign): _____ Date: _____

Work Inspected (if required) by (Client Name/ Sign): _____

Re-inspection Required
Yes No

Issues to be rectified before re-inspection: _____ Proposed Date: _____

For Proline use only: _____ If appropriate, circle reason for quality deviation: or Other: _____

Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Production	Other
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Feedback: Items that became apparent during inspection that should be considered in future process: _____

VERIFICATION INSPECTION CHECKLIST



TRADE: PARTITION INSTALLATION

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
1	<input type="checkbox"/>	Beads and accessories correctly incorporated
2	<input type="checkbox"/>	Fixings of correct type and fixed at correct centres
3	<input type="checkbox"/>	Fixings correctly positioned relative to edge of boards
4	<input type="checkbox"/>	Specified gap maintained between adjacent boards
5	<input type="checkbox"/>	All edges are supported, or as required by specification / manufacturer
6	<input type="checkbox"/>	Correct face of board exposed for finishes
7	<input type="checkbox"/>	Taping/jointing complies with the specs./ manufacturer's instructions
8	<input type="checkbox"/>	Correct tape used for hand or machine application
9	<input type="checkbox"/>	Faces finished to specified tolerance and surface finish
10	<input type="checkbox"/>	Required sealants correctly applied to joints
11	<input type="checkbox"/>	Finishes extend sufficiently at wall/ floor/ceiling junctions
12	<input type="checkbox"/>	Reveals correctly finished around frame edges
13	<input type="checkbox"/>	Any concealed noggins/ supports marked, for future fixing purposes
14	<input type="checkbox"/>	Cut outs left for future second fix services installation
15	<input type="checkbox"/>	On completion, check for damage and any required protection
16	<input type="checkbox"/>	Area left clean and tidy

Section Complete **Subcontractor Name:** _____ **Company:** _____ **Proline sign:** _____ **Date:** _____

DOUBLE SKIN LININGS:

- 18 First layer joints taped, if required
- 19 Joints in second layer staggered from joints in first layer

Section Complete **Subcontractor Name:** _____ **Company:** _____ **Proline sign:** _____ **Date:** _____

SMOKE OR FIRE WALLS:

- 20 Walls and service penetrations are completely sealed
- 21 If required, obtain approval on wall/ fire break integrity before installing false ceilings

Section Complete **Subcontractor Name:** _____ **Company:** _____ **Proline sign:** _____ **Date:** _____

Work completed by (Subcontractor Name / Sign):		Date:
Work Inspected by (Proline Name/ Sign):		Date:
Work Inspected (if required) by (Client Name/ Sign):		Re-inspection Required Yes <input type="checkbox"/> No <input type="checkbox"/>
Issues to be rectified before re-inspection:		Proposed Date:

For Proline use only:	If appropriate, circle reason for quality deviation: or Other: _____						
Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Produ	Other

Feedback: Items that became apparent during inspection that should be considered in future process: