

VERIFICATION INSPECTION CHECKLIST



TRADE: SUSPENDED CEILING PREPARATION

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
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Prior to Installation: (Subcontractor & Proline Site Manager to tick off items when checked)

1	<input type="checkbox"/>	Safe Work Method Statement submitted and approved
2	<input type="checkbox"/>	Obtain manufacturer's recommendations/ instructions
3	<input type="checkbox"/>	Check all co-ordination with other trades has been finalised and agreed
4	<input type="checkbox"/>	Services are correct level, position, tested and lagged
5	<input type="checkbox"/>	Check compliance with the Specification of:
	<input type="checkbox"/>	- tile module size - surface finishes
	<input type="checkbox"/>	- grid type - thermal insulation requirements
	<input type="checkbox"/>	- hanger system
	<input type="checkbox"/>	- ceiling fittings
6	<input type="checkbox"/>	Any fire stopping and making good within ceiling void is complete
7	<input type="checkbox"/>	Delivered materials are correct to specification and stored and handled correctly
8	<input type="checkbox"/>	Setting out requirements finalised
9	<input type="checkbox"/>	Check:
	<input type="checkbox"/>	- wall plastering high enough
	<input type="checkbox"/>	- perimeter battens correctly fixed
	<input type="checkbox"/>	- ceiling zone services completed, at correct level and approved
	<input type="checkbox"/>	- fire/sound barriers completed
	<input type="checkbox"/>	- support hangers can be installed at correct centres
10	<input type="checkbox"/>	Access for commissioning and maintenance is adequate
11	<input type="checkbox"/>	Provision of access satisfactory
12	<input type="checkbox"/>	Patresses provided for M&E fixings, if necessary
13	<input type="checkbox"/>	Confirm ceiling support system can withstand the imposed loads
14	<input type="checkbox"/>	Confirm the proposed hangar fixings and their method of use will be adequate
15	<input type="checkbox"/>	Cover up authorisations, where appropriate

Work completed by (Subcontractor Name / Sign):	Date:
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Work Inspected by (Proline Name/ Sign):	Date:
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Work Inspected (if required) by (Client Name/ Sign):	Re-inspection Required Yes <input type="checkbox"/> No <input type="checkbox"/>
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Issues to be rectified before re-inspection:	Proposed Date:
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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
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Feedback: Items that became apparent during inspection that should be considered in future process:

VERIFICATION INSPECTION CHECKLIST



TRADE: SUSPENDED CEILING INSTALLATION

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
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Installation: (Subcontractor & Proline Site Manager to tick off items when checked)

- | | | |
|----|--------------------------|--|
| 1 | <input type="checkbox"/> | Safe Work Method Statement submitted and approved |
| 2 | <input type="checkbox"/> | All required hangers provided and securely fixed |
| 3 | <input type="checkbox"/> | Setting out is correct to ceiling plan |
| 4 | <input type="checkbox"/> | Ceiling fixed to correct line and level |
| 5 | <input type="checkbox"/> | Direction of tiles is correct |
| 6 | <input type="checkbox"/> | Cutting/trimming carried out in agreed manner |
| 7 | <input type="checkbox"/> | Access panels/tiles provided at specified locations |
| 8 | <input type="checkbox"/> | Insulation fixed correctly |
| 9 | <input type="checkbox"/> | Fire blankets securely fixed and line up with fire dampers in ductwork |
| 10 | <input type="checkbox"/> | Overall stability of grid system |
| 11 | <input type="checkbox"/> | Finished ceiling is free of damage |
| 12 | <input type="checkbox"/> | Agreed protection is provided |
| 13 | <input type="checkbox"/> | Area left clean and tidy |
| 14 | <input type="checkbox"/> | Dissimilar materials (e.g. steel / aluminium) are separated in approved manner |
| 15 | <input type="checkbox"/> | Provision for expansion |
| 16 | <input type="checkbox"/> | Erection carried out in correct sequence |
| 17 | <input type="checkbox"/> | No shot fixings without approval of Architect / Engineer |

Work completed by (Subcontractor Name / Sign):	Date:
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Work Inspected by (Proline Name/ Sign):	Date:
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Work Inspected (if required) by (Client Name/ Sign):	Re-inspection Required Yes <input type="checkbox"/> No <input type="checkbox"/>
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Issues to be rectified before re-inspection:	Proposed Date:
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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
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Feedback: Items that became apparent during inspection that should be considered in future process: