Structural Inspection Record

Consultant Name		**E-mail**	
Accredited Engineer Name		**Mobile No.**	
Contractor Name		**E-mail**	
Accredited Engineer Name		**Mobile No.**	
CED Permit/NOC Ref. No.:			
Area Name		**Plot No.**	
Business Unit		**Project ID**	
Client Name		**Client e-mail**	

NOTES:

- In case of a change of the Consultant/Contractor, this document should be handling over to the NEW Consultant/ Contractor.
- This schedule should be available at site, and will be updated/ checked by Trakhees CED Inspector Engineer.
- This document should be submitted as one of Completion Certificate submission document.

CED Ref. No.	Inspection Date	Structural element Inspected	Proceed To Concrete?		Remark	CED Eng. Name	CED Eng. Signature
			YES	NO			

Consultant Stamp & Signature	Contractor Stamp & Signature

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