

SITING & AND PILE FOUNDATION INSPECTION

SITING

Front Yard	<input type="checkbox"/>	Left Hand Side Yard	<input type="checkbox"/>
Rear Yard	<input type="checkbox"/>	Right Hand Side Yard	<input type="checkbox"/>
Excavation depth	<input type="checkbox"/>		

PILE FOUNDATIONS

Item Inspected	Comment
Ground bearing	
Depth of footing	
Width of footing	
Location of piles	
Anchor	
Paired Brace	
Cantilever	
Ordinary	
Timber Grade & Treatment	
Reinforcing	
Fixing Durability & Strength	

Instruction Issued	Verbal	Written

Was verbal instruction issued? Yes / No	Is written instruction required? Yes / No
Conforms to Approved Plans? Yes / No	If No, has amendment been Approved? Yes / No
Has Notice to Fix been issued? Yes / No	Is reinspection required? Yes / No

Officer: _____ Signed: _____ Date: ____ / ____ / ____