HOROWHENUA DISTRICT COUNCIL

FORM 402

GENERAL INSPECTION SHEET 2

ADDRESS: _____ OWNER: _____

BC NUMBER: _____ CONTRACTOR: _____

INSPECTOR: _____ DATE: _____

INSPECTION TYPE: _____

	BRICK		OTHER CLADDINGS		POST LINING
	Bricklayer _____		Product _____		Brace panels nailed correctly
	Base rebate sealed (2 coats)		Joint Tapes		Correct fasteners used
	Correct size cavity(40mm minimum)		Soakers		As per plan
	Building wrap fitted tight		Head flashings		Braceline sheets correct corner fixings
	Brick ties spacing & ties bed in mortor		Sill Flashing		Standard Gib correct fixings
	Correct ties for zone		Scribers		Aqualine tile shower fixed at 100mm
	Steel linels		Fixings		**WATERPROOF MEMBRANE**
	Weep holes		Expansion Joints		Name of Applicator _____
	Jointing 7-13mm		Coating System _____		Type of membrane _____
	Expansion joints		**PLUMBING PRE-LINE**		Interior/Exterior
	Clean cavity & cleanout bricks		Plumber _____		Substrate
	STUCCO/EIFS		Pipework BRAND _____		Fixing of substrate
	Plaster/Applicator _____		Under test		Moisture content _____%
	Netting tight & space off frame		Lagged where required		**DRAINAGE**
	Fixings correct/Galv nails 30mm into frame		Pipework supported		Drainlayer _____
			Waste pipes in & venting / open / AAV		Correct falls
	EIFS plaster nail/washer used correctly		**PRE-LINING**		Terminal vent riser in place
	Flashing mesh in if required		Bracing as per plan		Test on
	Reinforcing mesh if required		Straps to bracing elements		Drain inspection points
	Control joints in place & siliconed in		Ceiling batten type **Steel / Timber**		Laid in bedding
	No lengths over 4m vertical & horizontal		Steel angle braces nailed correctly		Sumps installed as per plan
	Control break at first floor level		Ceiling batten spacings & fixings		As built received
	METAL CLADDING		Post size & treatment & fixings		Soak pits
	Product _____		Window air seals		Correct stormwater pipe used
	Horizontal / Vertical		Safety Glazing installed		Septic tank aerated system
	Cavity		Moisture content _____%		Effluent field location as per plan
	Thermal Break		Insulation to walls _____		Horizons approval
	Head Flashings		Insulation to ceilings _____		Dripper lines pinned/100mm bark
	Sill Flashings		Dragon ties		Correct number of downpipes
	Jamb Flashings		Diaphragms fixed direct to trusses		
	Inseal		Solid blocking to perimeter for diaphragm		
	Fixings				

NOTES

– –	Not Applicable
√	Checked & Approved
X	Failed

DECISION:	**PASS / FAIL**
OUTCOME:	
NEXT INSPECTION:	