# Inspection Record for Wall Cladding of Buildings/Structures

**Client:** ____  
**Subcontractor:** ____

**Project No.:** ____  
**Subcontract P.O. No.:** ____

**Project Name:** ____  
**Building:** ____

**Reference document:** ____

## Items to inspect

<table>
<thead>
<tr>
<th>Subcontractor</th>
<th>Company</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>inspected initials/date</td>
<td>Hold Point</td>
<td>inspected initials/date</td>
</tr>
</tbody>
</table>

### 1.0 Completion of pre-cladding works

### 2.0 Type of support

### 3.0 Material

- Color
- External coating
- Internal coating
- Condition before installation

### 4.0 Installation

- Alignment
- Condition after installation
- Uniformity of color
- Joint sealing

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**Accepted for Subcontractor**  
**Name:** ____  
**Signature:** ____  
**Date:** ____

**Accepted for Company**  
**Name:** ____  
**Signature:** ____  
**Date:** ____

**Accepted for Client**  
**Name:** ____  
**Signature:** ____  
**Date:** ____

* Company only initials for holdpoint

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H - Company’s presence is mandatory for all activities in section.

Attachments, No. of pages: ______

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