



KURNIA EKUITI SDN. BHD.
REQUEST FOR INSPECTION FORM

PROJECT TITLE:			
TO:		REF. NO : DATE :	
Please inspect the following :			
ELEMENT	LOCATIONS	DATE	TIME
SLAB			
BEAM			
COLUMN			

Comments / Remarks:

Proceed with items of works: YES / NO (Please cross appropriate)

Submitted by,

Acknowledged by;

.....

.....

(Main contractor's representative)

(Resident Engineer / Clerk-of-work)

Date:

Date: