|  |  |
| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Property/project details |
| Lot number |  | Location |  |
| Address |  |
| Owner/s |  |
| Applicant/s |  |
| Description of proposed building work |  |
| Certifying engineer |
| Name |  | Registration number |  |
| Nominee*(if applicable)* |  | Registration number*(if applicable)* |  |
| Building certifier |
| Name |  | Registration number |  |
| Nominee*(if applicable)* |  | Registration number*(if applicable)* |  |
| Independent review engineer |
| Name |  | Registration number |  |
| Nominee*(if applicable)* |  | Registration number*(if applicable)* |  |
| Scope – review checklist |
| Suitability of adopted design loads |  |
| The existence of appropriate load paths within the building |  |
| Review of the drawings of the building |  |
| Review of the following primary and critical structural elements of the building: |
| * primary and critical footings
 |  |
| * primary and critical columns
 |  |
| * primary and critical load-bearing walls
 |  |
| * primary and critical shear walls and other bracing elements
 |  |
| * primary and critical roof beams and floor beams
 |  |
| * transfer slabs
 |  |
| * typical suspended slabs
 |  |
| Other – please specify: |  |
|  |  |
|  |  |
| Documents attached |
| Description | Identifier *(e.g. drawing no.)* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Summary of recommendations |
| *(include attachments if necessary)* |
| Declaration by independent review engineer |
| I declare that I am independent of the certifying engineer and have no financial or other interest in the outcome of this report. |
| Signature  |  | Date |  |
| End of form |