|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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.)* | | |
|  | | | | | | | |  | | |
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|  | | | | | | | |  | | |
|  | | | | | | | |  | | |
| 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 | | | | | | | | | | |