

**SEYCHELLES PLANNING AUTHORITY**  
**DEVELOPMENT CONTROL SECTION**  
**ENGINEERING UNIT**

P.O. Box 199, Independence House  
 Victoria, Republic of Seychelles  
 Telefax: 4610148 Tel: 4674444

**STRUCTURAL INSPECTION CHECKLIST - FOUNDATION**

<b>APPLICATION NO.</b>		<b>DATE</b>	
<b>PROJECT DESCRIPTION</b>			
<b>LOCATION</b>		<b>PARCEL NO.</b>	
<b>CONSULTANT</b>			
<b>CONTRACTOR</b>			

SECTION	S.NO.	ELEMENTS TO BE CHECKED	CONSULTANT		
			OK	NOT OK	N/A
<b>GENERAL</b>					
	1	FOUNDATION LAYOUT			
	2	COLUMN LAYOUT/GRID LINES			
	3	GENERAL DIMENSIONS			
	4	BEARING STRATA			
	5	FORMATION LEVELS			
	6	LAST CUBE TEST RESULTS			
<b>ISOLATED/PAD FOOTINGS</b>					
	7	DIMENSIONS			
	8	SHUTTER			
	9	COVER			
	10	REINFORCEMENT - DIAMETER, LENGTH, SPACING			
	11	STARTER BARS: COLUMNS			
	12	CONNECTION DETAILS			
	13	COMBINED FOOTING REINFORCEMENT LAYERS			
<b>STRIP FOOTINGS</b>					
	14	DIMENSIONS			
	15	COVER			
	16	REINFORCEMENT			
	17	OVERLAP - REINFORCEMENT BARS			
	18	OVERLAP - FABRIC/MESH REINFORCEMENT			

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<b>STRAP/GROUND BEAMS</b>					
	19	DIMENSIONS			
	20	COVER			
	21	REINFORCEMENT			
	22	REINFORCEMENT LAYERS			
	23	OVERLAP - REINFORCEMENT BARS			
	24	STIRRUP/LINK SPACING			
<b>TIE BEAMS</b>					
	25	DIMENSIONS			
	26	COVER			
	27	REINFORCEMENT			
	28	REINFORCEMENT LAYERS			
	29	OVERLAP - REINFORCEMENT BARS			
	30	STIRRUP/LINK SPACING			
<b>COLUMNS</b>					
	31	DIMENSIONS			
	32	COVER			
	33	REINFORCEMENT			
	34	OVERLAP LENGTH - LEG, LONGITUDINAL BARS			
	35	CONNECTION DETAILS			
	36	STIRRUP/LINK SPACING			
<b>RAFT</b>					
	37	DIMENSIONS			
	38	COVER			
	39	REINFORCEMENT - DIAMETER, LENGTH, SPACING			
	40	STARTER BARS - COLUMN, STAIRWAY, SHEAR WALL			
	41	CHAIRS/STOOLS			
	42	CONNECTION DETAILS			
	43	EXTRA BARS - DIAMETER, LENGTH, COVER			

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PILE CAPS					
	44	DIMENSIONS			
	45	COVER			
	46	PILE HEAD/ BOTTOM REINFORCEMENT COVER			
	47	REINFORCEMENT - DIAMETER, LENGTH, SPACING			
	48	BURSTING/SIDE BARS			
	49	STARTER BARS			
	50	CONNECTION DETAILS			
	51	LAP SPLICES			

**REMARKS/COMMENTS:**

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**INSPECTED BY:**

NAME:

DESIGNATION:

SIGN & DATE: