

POSTLINE/FIRE RATED LINING Checklist

Address:

Consent number:

Inspectors name:

Date:

8:00am	10:00am	1:00pm	3:00pm	Pass	Fail

Partial	Full

General

	Pass	Fail	N/A
Restricted Building Work			
Has the ceiling gib board been installed correctly including ceiling			
Is the sheet material correct			
Have all brace fixings been installed			

Comments

Fire Rated Lining

	Pass	Fail	N/A
Restricted Building Work			
Is the sheet material correct			
Has all stopping been completed			
Has the ceiling cavity been checked			
Are the sheet fixings correct			
Have all penetrations been sealed			
Have the correct electrical flush boxes been installed			

Comments