DESIGN CHECKING FORM

Project Name: _____

Project Established dtd._____ & Estimate End Date: _____

Nos. Peoples Involved:_____ Team Leader: _____

Project In-charge: _____ Manager:_____

Project Description: _____

_____

_____

Total Project Cost:_____ (Esti) Client ID: _____ Dtd._____

Design No. _____ & Design Date: _____

Prepared by: _____

Verified & Approved: _____

Client Drawing No._____ & Date:_____ Received Date:_____

Design Specification: _____

_____

_____

Design Details: _____

_____

_____

Document Ref. _____ / _____ / _____/ _____

Design verification Note:_____

_____

_____

Identification

1. _____
2. _____
3. _____
4. _____
5. _____

Signed	Checked by
Date:	Date: