



ARCHITECTS REGISTRATION BOARD

P. O. BOX 25796, KAMPALA TEL: 0414342390 / 0781498823

Construction Site Inspection Report Form

General Information			
Project Name			
Name of Developer			
ARB Tracking No.		Location	
Date of Inspection		Start/End Time	
Inspector's Name(s)			
Inspector's Title(s)			
Inspector's Contact Information			
Describe present phase of construction			

Type of Inspection

Regular Pre-accident event During an accident event Post-accident event

Construction Start Date: **Expected Completion Date:** **Approximate Construction Period:**

How often do professional teams visit the site?

-----Weekly -----Monthly -----Quarterly -----Year

How often do local authorities visit the site

-----Weekly -----Monthly -----Quarterly -----Year

General Information

CONSULTANCY TEAM

Project Manager/Name _____

Address _____

Architect/Name _____

Address _____

Structural Engineer/Name _____

Address _____

Electrical & Mechanical Engineer/Name _____

Address _____

Quantity Surveyor/Name _____

Address _____

Any other/Name _____

Address _____

Were the Architectural drawings approved by the Planning Authority in charge?

Yes No

State the Approval details/ Date/ Approval No/ etc?

Is the Architect Registered and Practicing? State particulars of Architect.

Name:

Reg. No.

Firm:

Contacts:

Is the surface water drainage system catered for in the design?

Yes No

Is the Foul drainage system designed properly?

Yes No

What are the quality control measures on site?

(observation of batch boxes, test results for concrete, steels & aggregate, use of concrete mixers)

Below are some general site issues that should be assessed during inspections. Please customize this list as needed for conditions at your site.

Overall Site Issues

	activity	Implemented?	Maintained?	Corrective Action	Date for corrective action/responsible person
1	Are all slopes and disturbed areas not actively being worked properly stabilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) protected with barriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are discharge points and receiving waters free of sediment deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	activity	Implemented?	Maintained?	Corrective Action	Date for corrective action/responsible person
6	Is there evidence of sediment being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7	Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8	Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10	Are materials that are potential storm water contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11	Are non-storm water discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12	Are there excavations of at least 1m depth?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13	What measures are used to safeguard the excavations from collapsing?				
14	What health precautions are being used at the site?				
15	Are the people working above the ground protected? If yes, how?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other observations

Certification statement:

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name: _____

Signature: _____

Date: _____