

Republic of the Philippines
City/Municipality of _____
Province of _____

OFFICE OF THE BUILDING OFFICIAL

INSPECTION REPORT

DATE OF INSPECTION _____

NAME OF OWNER _____
(Last Name) (Given Name) (Middle Initial)

ADDRESS OF OWNER _____ TEL. NO. _____

LOCATION OF INSTALLATION: Lot No. _____ Blk. No. _____ Street _____ Barangay _____
City / Municipality _____

USE OR CHARACTER OF OCCUPANCY / NO. OF STOREYS _____

AS TO ARCHITECTURAL WORKS:

- Site Development Setting _____ Light & Ventilation _____
- Fire Safety Requirements _____ Accessories Control Location _____
- Occupancy/Use & Functionalities _____ BP 344 Requirements _____
- Architectural Deficiencies & Parking Requirements _____
- Others _____

Inspected By: _____
(Signature Over Printed Name)

AS TO CIVIL / STRUCTURAL WORKS:

- Application for Building Permit _____ Excavation & Foundation _____
- Scaffolding & Sidewalk _____ Structural Hazards _____
- Safety Requirements for Construction/Demolition _____
- Placement of Rebars/Pre-Pouring of Concrete _____
- Others _____

Inspected By: _____
(Signature Over Printed Name)

AS TO ELECTRICAL WORKS:

- General Requirements _____ General Wiring Method _____
- Services, Feeders & Branch Circuits _____ Grounding & Bonding _____
- Hazardous Locations _____ Special Occupancies _____
- Swimming Pools & Related Installations _____
- Emergency & Standby Systems & Fire Pumps _____
- Others _____

Inspected By: _____
(Signature Over Printed Name)

- CONTINUATION OF INSPECTION REPORT (NBC FORM NO. B-21) -

AS TO SANITARY/PLUMBING WORKS:

- Drainage & Solid / Wastewater Disposal Installation _____
- Source of Water Supply & Plumbing Installation _____
- Hazards & Pollution on Building & Premises _____
- Others _____

Inspected By: _____
(Signature Over Printed Name)

AS TO MECHANICAL WORKS:

- Machinery Installations _____
- Pumps, Pressure Vessels & Automatic Sprinkler _____
- Test / Rides, Elevators/Dumbwaiters, Escalators & Conveyors _____
- Others _____

Inspected By: _____
(Signature Over Printed Name)

AS TO OTHER WORKS (Electronics or Interior Installations):

- Specific Works (itemize) _____
- _____
- _____
- _____
- _____
- _____

Inspected By: _____
(Signature Over Printed Name)

Comments/Recommendations: _____

Building Official / Technical Inspectors: _____
_____ Date of Inspection: _____

NOTED BY:

CHIEF, INSPECTION & ENFORCEMENT DIVISION

(Signature Over Printed Name)

Date: _____