



Standard Operating Procedures

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Version No.: 01

System Form

Effective Date:

Title: Check list before preparation of estimate

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Name of the Project:			
Address/Location:			
Existing structure condition(if any)	Structure type: <input type="checkbox"/> Tin shed <input type="checkbox"/> Semi pucca <input type="checkbox"/> Frame structure <input type="checkbox"/> Boundary wall <input type="checkbox"/> Drain <input type="checkbox"/> watch tower <input type="checkbox"/> Others (Specify): Lift: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Septic Tank : <input type="checkbox"/> Yes/ <input type="checkbox"/> No Water Reservoir: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Foundation type: <input type="checkbox"/> Brick foundation <input type="checkbox"/> Individual Foundation <input type="checkbox"/> Pile Foundation Construction Material: <input type="checkbox"/> RCC (Stone) <input type="checkbox"/> RCC (Brick Chips) <input type="checkbox"/> Steel structure No of Stories: No of Stairs: Year of Construction: Type of Use:		
Primary layout check as per proposal	Length of proposed Structure:	Width of Proposed Structure:	
	Length of proposed land :	Width of Proposed Land :	
	Setback: i) North side: ii) South side: iii) East Side: iv) West Side:		
Apparent soil condition	<input type="checkbox"/> Virgin Soil <input type="checkbox"/> Earth filled <input type="checkbox"/> Sand filled <input type="checkbox"/> Marshy land <input type="checkbox"/> low land		
Need for site improvement	Existing Ground Level:	Existing nearby road Level:	Flood level:
Approach road	<input type="checkbox"/> RCC Road <input type="checkbox"/> Bituminous road <input type="checkbox"/> HBB Road <input type="checkbox"/> Kacha Road Width of Road: Distance from site:		
Source of water supply	Existing WASA Connection : <input type="checkbox"/> Yes / <input type="checkbox"/> No Diameter of Connection pipe : <input type="checkbox"/> Existing Pond/Water body <input type="checkbox"/> No nearby source of Water		
Sewerage disposal	<input type="checkbox"/> Existing Septic tank: <input type="checkbox"/> Yes / <input type="checkbox"/> No. Distance of nearby Drain:		
Source of power supply	<input type="checkbox"/> Existing Connection: <input type="checkbox"/> Single Phase <input type="checkbox"/> three Phase Type of Connection: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Temporary Sanctioned load: <input type="checkbox"/> No Existing Connection		
Need for boundary wall or retaining wall	<input type="checkbox"/> RCC Boundary wall <input type="checkbox"/> Brick Boundary Wall <input type="checkbox"/> Temporary Fencing <input type="checkbox"/> Retaining Wall		
Comments (If Any)			
Name of Supervisor			
Designation			
Signature		Date of Visit	

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