# PRESCRIBED SUPERVISOR’S CHECKLIST - Regulation 93(4)

## *Planning, Development and Infrastructure Act 2016*

This checklist is an approved form for the purposes of regulation 93(4) of the Planning, Development and Infrastructure (General) Regulations 2017 and must be completed by a registered building work supervisor responsible for the installation of a designated building product on a designated building.

### PART 1 - GENERAL

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| Development No: Click here to enter text. |
| Address of project: Click here to enter text. |
| Description of project: Click here to enter text. |
| Classification/s: Click here to enter text.  | Type of construction: Click here to enter text. |
| No of storeys: Click here to enter text. |

### **PART 2 – APPROVAL** (details of the relevant consent/approval authority)

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| Name of private certifier (including registration number): Click here to enter text. |
| Council name *(if applicable):* Click here to enter text. |

### PART 3 - INSTALLATION

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| On the day of installation commencement, list the *designated building product*, the location/s of the product and the installation and/or fixing method used: |
| **Product name/s:** Click here to enter text. |
| **Location/s of product/s:** Click here to enter text. |
| **Installation/fixing method/s:** Click here to enter text. |

*Notes:*

*1. Product name/s, location/s and installation/fixing method/s listed must match those detailed on the approved plans and documentation*

*2. Where the installation of other designated building products on this building will commence at a later date, notification must occur in accordance with regulation 93(1)(a) and additional checklists must be completed and submitted upon installation commencement in accordance with regulation 93(4)*

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| Please tick all that apply: |
| [ ]  The designated building product listed above has been installed in accordance with the approved documentation |
| [ ]  Installation of the designated building product listed above did not commence on the intended day (list reasons why) Click here to enter text. |
| [ ]  Additional checklists will be submitted for this or other designated building *products* on this building |

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| Name of registered building work supervisor: Click here to enter text. |
| Name of registered building work supervisor: Click here to enter text. |
| Company name (if applicable): Click here to enter text. |
| Builder’s licence number (if applicable): Click here to enter text. |

Signature of building supervisor: Date: Click here to enter text.

[ ]  *If being lodged electronically please tick to indicate agreement to this declaration.*