



EXCAVATION DESIGN REVIEW CHECKLIST

Project Name		Date	
Plot No.			
Location			
Consultant			
Contractor			

S/N	ELEMENTS TO BE CHECKED	CONSULTANT			CONTRACTOR		
		OK	NOT OK	N/A	OK	NOT OK	N/A
GENERAL							
1.	Calculation for open excavation (slope stability) and drawings (consultant & contractor logo on drawing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	NOC from infrastructure and relevant authority (if excavation outside plot limit (roadside)).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	NOC from neighbor (if excavation in neighbor plot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Approved soil report by creative clusters authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	NOC from coastal zone & waterways management section (as per decree # (22) 2001) [if applicable]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Copy of mobilization permit(latest) or all documents mentioned in the mobilization section (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Peer review report (4 basement and more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Copy of preliminary design approval letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Applicable fee (as per fee matrix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL REVIEW							
10.	Slope stability calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Slope angle to be presented/showed on the drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Soil design parameters matching with the soil report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Excavation depth and width to be in presented/showed in the drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Plot limits to be presented/showed in the drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REVIEWER'S COMMENT(S)

CONTRACTOR			CONSULTANT		
NAME		STAMP	NAME		STAMP
DESIGNATION			DESIGNATION		
SIGNATURE			SIGNATURE		
DATE			DATE		