*This checklist must be completed by a registered building work supervisor responsible for the installation of a designated building product on a designated building in accordance with Regulation 74(7a) of the Development Regulations 2008.*

**PART 1 - GENERAL**

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 authorities responsible for issuing consents / approvals)

Name of private certifier (including registration number) Click here to enter text.

Council name (if applicable): Click here to enter text.

**PART 3 - INSTALLATION**

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 74(1)(cc) and additional checklists must be completed and submitted upon installation commencement in accordance with Regulation 74(7a)*

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

Name of registered building work supervisor: Click here to enter text.

Company name (if applicable): Click here to enter text.

Builders licence number (if applicable): Click here to enter text.

*………………………………………………………………* ……… / ……… / ……….………...

Signature of building supervisor Date