



CONTRACT ADMINISTRATION CHECKLIST FOR RESIDENTIAL PROJECTS

PREAMBLE

The BDAQ “Contract Administration Check List” is a check list only and is not a how-to-do-it manual.

It seeks to offer a means of tracking and documenting all required steps and processes necessary in the competent carrying out of the Contract Administration role for residential projects.

Building Designers can carry out contract administration on projects that they have designed & documented in their business and are within their BSA license class.
(*E.g: Low Rise, Medium Rise or Open.*)

A Building Designer must not carry out “Project Management”, and/or carry out “Supervision” of the work unless they have the appropriate BSA Licence or Professional Registration.

Please review the following websites to establish a clear understanding of your legally recognized role in accordance with your BSA license.

A) BSA website - <http://www.bsa.qld.gov.au>

1) Information Statements -

<http://www.bsa.qld.gov.au/Home/BuildersContractors/LicensingInformation/InformationStatements.htm>

Refer to LIS031 – Licensing Information Statement - Superintendent.

Refer to LIS033 – Licensing Information Statement - Project Manager.

2) Site Supervisor Licensing -

<http://www.bsa.qld.gov.au/Home/BuildersContractors/LicensingInformation/SiteSupervisorLicensing.htm>

3) Building Design Licensing – (*To establish you Scope of Work.*)

<http://www.bsa.qld.gov.au/Home/BuildersContractors/LicensingInformation/NewClasses/>

(*Select your class of licence (low rise; medium rise; open)*)

B) Review the following BDAA link for a clear understanding of Contract Administration role –

http://www.bdaa.com.au/info/competency_standards.htm#UNIT3_2

If you have any concerns or need further clarification, please contact BDAQ Head Office.

Ph: (07) 3889 9119

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CONTRACT ADMINISTRATION CHECKLIST FOR RESIDENTIAL PROJECTS

Date: ___ / ___ / 20___

CONTRACT ADMINISTRATION

RE : PROPOSED _____

AT _____

PRINCIPAL (CLIENT) : _____

ADDRESS : _____

CONTACT DETAILS :

CONTACT NAME : _____

Phone : _____ Fax : _____ Email : _____

CONTRACT TYPE :

Lump-Sum Contract Cost Plus Contract

Schedule of Rates Contract Other (specify) _____

TENDER TYPE :

Selected Tender Open Tender

Number of Tenderers ()

TENDER BUDGET ESTIMATE :

BUDGET SUM : \$ _____ (GST Included)

LIST OF CONSULTANTS:

PRIVATE BUILDING CERTIFIER Yes No N/A

Name : _____ Phone No : _____

Address : _____

Licence No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

GEOTECHNICAL CONSULTANT Yes No N/A

Name : _____ Phone No : _____

Address : _____

RPEQ No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

FOUNDATION ENGINEER Yes No N/A

Name : _____ Phone No : _____

Address : _____

RPEQ No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

STRUCTURAL ENGINEERYes No N/A

Name : _____ Phone No : _____

Address : _____

RPEQ No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

CIVIL ENGINEERYes No N/A

Name : _____ Phone No : _____

Address : _____

RPEQ No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

SURVEYORYes No N/A

Name : _____ Phone No : _____

Address : _____

Licence No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

HYDRAULICS DESIGNERYes No N/A

Name : _____ Phone No : _____

Address : _____

Licence No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

TOWN PLANNERYes No N/A

Name : _____ Phone No : _____

Address : _____

Licence No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

ELECTRICAL ENGINEERYes No N/A

Name : _____ Phone No : _____

Address : _____

Licence No : _____ ABN : _____

PI Insurance : _____

Policy No : _____ Expiry Date : _____

Date Received Copy : _____

QUANTITY SURVEYORYes No N/A

Name : _____ Phone No : _____
Address : _____
Licence No : _____ ABN : _____
PI Insurance : _____
Policy No : _____ Expiry Date : _____
Date Received Copy : _____

LANDSCAPE DESIGNERYes No N/A

Name : _____ Phone No : _____
Address : _____
Licence No : _____ ABN : _____
PI Insurance : _____
Policy No : _____ Expiry Date : _____
Date Received Copy : _____

ACOUSTIC ENGINEERYes No N/A

Name : _____ Phone No : _____
Address : _____
Licence No : _____ ABN : _____
PI Insurance : _____
Policy No : _____ Expiry Date : _____
Date Received Copy : _____

FIRE SERVICES CONSULTANTYes No N/A

Name : _____ Phone No : _____
Address : _____
Licence No : _____ ABN : _____
PI Insurance : _____
Policy No : _____ Expiry Date : _____
Date Received Copy : _____

SECURITY SERVICE CONSULTANTYes No N/A

Name : _____ Phone No : _____
Address : _____
Licence No : _____ ABN : _____
PI Insurance : _____
Policy No : _____ Expiry Date : _____
Date Received Copy : _____

INTERIOR DESIGNERYes No N/A

Name : _____ Phone No : _____
Address : _____
Licence No : _____ ABN : _____
PI Insurance : _____
Policy No : _____ Expiry Date : _____
Date Received Copy : _____

ENERGY RATING CONSULTANTYes No N/A

Name : _____ Phone No : _____
 Address : _____
 Licence No : _____ ABN : _____
 PI Insurance : _____
 Policy No : _____ Expiry Date : _____
 Date Received Copy : _____

OTHERYes No N/A

Name : _____ Phone No : _____
 Address : _____
 Licence No : _____ ABN : _____
 PI Insurance : _____
 Policy No : _____ Expiry Date : _____
 Date Received Copy : _____

LIST OF NOMINATED SUB-CONTRACTORS:

Name : _____ Phone No : _____
 Address : _____
 Licence No : _____ ABN : _____
 PI Insurance : _____
 Policy No : _____ Expiry Date : _____
 Date Received Copy : _____

Name : _____ Phone No : _____
 Address : _____
 Licence No : _____ ABN : _____
 PI Insurance : _____
 Policy No : _____ Expiry Date : _____
 Date Received Copy : _____

Name : _____ Phone No : _____
 Address : _____
 Licence No : _____ ABN : _____
 PI Insurance : _____
 Policy No : _____ Expiry Date : _____
 Date Received Copy : _____

Name : _____ Phone No : _____
 Address : _____
 Licence No : _____ ABN : _____
 PI Insurance : _____
 Policy No : _____ Expiry Date : _____
 Date Received Copy : _____

LIST OF BUILDERS TENDERING:

Builders Name : _____ Phone No : _____

Builders Address : _____

Builders Licence No : _____ Builders ABN : _____

Builders Insurance : _____

Tender Sum : _____

CONFORMING TENDER Yes No
ALTERNATIVE TENDER Yes No

Builders Name : _____ Phone No : _____

Builders Address : _____

Builders Licence No : _____ Builders ABN : _____

Builders Insurance : _____

Tender Sum : _____

CONFORMING TENDER Yes No
ALTERNATIVE TENDER Yes No

Builders Name : _____ Phone No : _____

Builders Address : _____

Builders Licence No : _____ Builders ABN : _____

Builders Insurance : _____

Tender Sum : _____

CONFORMING TENDER Yes No
ALTERNATIVE TENDER Yes No

Builders Name : _____ Phone No : _____

Builders Address : _____

Builders Licence No : _____ Builders ABN : _____

Builders Insurance : _____

Tender Sum : _____

CONFORMING TENDER Yes No
ALTERNATIVE TENDER Yes No

APPROVED /ACCEPTED TENDER

Builder's Name : _____

Builder's Address : _____

Phone No : _____ Mobile Phone No : _____

Fax No : _____ Email : _____

Email No : _____

Builder's Licence No : _____ Builders ABN : _____

CONTRACT SUM:

Refer to Building Contract :

Amount : \$ _____ (GST Included)

Certificate of Acceptance : Yes No

DATE: _____

BUILDING CONTRACT:

Refer to Building Contract .:

Building Contract Signed by both parties :

Builder : Yes Clients : Yes
Completed : Yes

CONTRACT INFORMATION STATEMENT :

Contract Information Statement :

Builder provided Statement : Yes Clients received Statement : Yes
Requirement Completed : Yes

COOLING-OFF PERIOD :

The Principal (Client) is entitled to withdraw from the contract. The Cooling-Off Period is usually within 7 Calendar days.

Refer to Building Contract :

Cooling-Off Period included in Contract : Yes No
Principal (Client) advised of "Cooling-Off Period" : Yes No

DOCUMENTATION

Builder's Construction Insurances: Yes No N/A

Name of Insurer : _____

Amount of Cover \$ _____ Policy No : _____

Expiry Date : _____ Date Received Copy : _____

Third Party/ Public Liability Insurances: Yes No N/A

Name of Insurer : _____

Amount of Cover \$ _____ Policy No : _____

Expiry Date : _____ Date Received Copy : _____

Personal Accident Insurances: Yes No N/A

Name of Insurer : _____

Amount of Cover \$ _____ Policy No : _____

Expiry Date : _____ Date Received Copy : _____

WorkCover: Yes No N/A

Policy No : _____ Receipt No : _____

Expiry Date : _____ Date Received Copy : _____

QBSA Home Warranty Insurance: Yes No N/A

Amount Insured : \$ _____ (Contract Sum)

Policy No : _____ Receipt No : _____

Date Received Copy : _____ Date Received Copy : _____

QLeave: Yes No N/A

Name on Form : _____

Receipt No : _____ Form Dated : _____

Date Received Copy : _____

DEPOSIT :Yes No N/A

Deposit Type : Personal Cheque : Bank Cheque : Cash :
 Other : _____

Deposit Amount :\$ _____

Name on Deposit : _____

Date Deposit Received from Principal (Client) : _____

Date Deposit given to Principal Contractor : _____

Receipt from : _____ Receipt No : _____

Received by : _____

RETENTION OR BANK GARANTEESecurity : (Commercial Building Contract) Yes No N/A

Subject to the Contract, the Principal(Owner) may deduct a percentage as stated in the Contract from the progress payment of 5% maximum until the total retention amount retained equals 5% of the Contract Sum. The retention amount is to be reduced to 2.5% and may be retained until the end of the Defects Liability Period.

The Contractor may provide a Bank Guarantee in Lieu of the Retention Amount.

PROGRAM / SCHEDULEProgram/Schedule: Yes No N/A

Supplied By : _____

Date Received Copy : _____

COMMENCEMENT TIME :*Refer to Building Contract :*

Anticipated Date : / / 20____ Actual Date Commenced : / / 20____

Sign Contract : / / 20____ Possession of site : / / 20____

CONTRACT DURATION:*Refer to Building Contract :*

Anticipated Weeks : _____ Actual Weeks : _____

Anticipated Work Days : _____ Actual Work Days : _____

Anticipated Wet Days : _____ Actual Wet Days : _____

Calculable Delays : _____ Incalculable Delays : _____

PRACTICAL COMPLETION TIME :*Refer to Building Contract :*

Anticipated Date : _____ Actual Completion Date : _____

VARIATIONS TO CONTRACT - SCHEDULE LIST:

*Copy of Builder's Variation Forms to be attached.
Note: Variation Forms to be signed by the parties and dated before work Commences.*

VARIATIONS No 1

Description : _____
Form No : _____ add/ddt \$ _____
Extension of Time () days Deduction of Time () days

VARIATIONS No 2

Description : _____
Form No : _____ add/ddt \$ _____
Extension of Time () days Deduction of Time () days

VARIATIONS No 3

Description : _____
Form No : _____ add/ddt \$ _____
Extension of Time () days Deduction of Time () days

VARIATIONS No 4

Description : _____
Form No : _____ add/ddt \$ _____
Extension of Time () days Deduction of Time () days

VARIATIONS No 5

Description : _____
Form No : _____ add/ddt \$ _____
Extension of Time () days Deduction of Time () days

VARIATIONS No 6

Description : _____
Form No : _____ add/ddt \$ _____
Extension of Time () days Deduction of Time () days

VARIATIONS No 7

Description : _____
Form No : _____ add/ddt \$ _____
Extension of Time () days Deduction of Time () days

PROJECT PROGRESS TIME :

STAGE 1

DEPOSIT

Anticipated Date : ____ / ____ / 20____ Actual Date Commenced : ____ / ____ / 20____
Completed : - Yes No N/A

STAGE 2

BASE STAGE

Anticipated Date : ____ / ____ / 20____ Actual Date Commenced : ____ / ____ / 20____
Completed - Yes No N/A

STAGE 3

FRAME STAGE

Anticipated Date : ____ / ____ / 20____ Actual Date Commenced : ____ / ____ / 20____
Completed - Yes No N/A

STAGE 4 ENCLOSED STAGE

Anticipated Date : ___ / ___ / 20___ Actual Date Commenced : ___ / ___ / 20___

Completed - Yes No N/A

STAGE 5 FIXING STAGE

Anticipated Date : ___ / ___ / 20___ Actual Date Commenced : ___ / ___ / 20___

Completed - Yes No N/A

STAGE 6 PRACTICAL COMPLETION

Anticipated Date : ___ / ___ / 20___ Actual Date Commenced : ___ / ___ / 20___

Completed - Yes No N/A

STAGE 7 DEFECTS LIABILITY PERIOD

Anticipated Date : ___ / ___ / 20___ Actual Date Commenced : ___ / ___ / 20___

Completed - Yes No N/A

PROGRESS PAYMENTS : (Designated Stages)(Housing)

STAGE 1 DEPOSIT

Amount : \$ _____ (5%) Max

Tax Invoice Date : _____ Receipt Date : _____

Completed : - Yes No N/A

STAGE 2 BASE STAGE

Amount : \$ _____ (10%)Max

Tax Invoice Date : _____ Receipt Date : _____

Completed : - Yes No N/A

STAGE 3 FRAME STAGE

Amount : \$ _____ (15%) Max

Tax Invoiced Date : _____ Receipt Date : _____

Completed : - Yes No N/A

STAGE 4 ENCLOSED STAGE

Amount : \$ _____ (35%) Max

Tax Invoiced Date : _____ Receipt Date : _____

Completed : - Yes No N/A

STAGE 5 FIXING STAGE

Amount : \$ _____ (20%) Max

Tax Invoice Date : _____ Receipt Date : _____

Completed : - Yes No N/A

STAGE 6 PRACTICAL COMPLETION

Amount : \$ _____ (15%) Max

Tax Invoiced Date : _____ Receipt Date : _____

Completed : - Yes No N/A

STAGE 7 DEFECTS LIABILITY PERIOD

Retention Amount : \$ _____ (If Applicable)

Tax Invoiced Date : _____ Receipt Date : _____

Completed : - Yes No N/A

LIQUIDATED DAMAGES

/ INTEREST

Yes No N/A
Refer to Building Contract

Yes No N/A
Refer to Building Contract

Amount per day/week : \$ _____

Interest Rate: (_____) %

PRIME COST's (PC) (Items only)

Yes No N/A

Refer to Attached List :

Yes No

Bricks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Handrails & Balustrades	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Front Door	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Laundry Ext. Door	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
External Door Furniture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Internal Door Furniture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Internal Door	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Shower Screen(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Mirror(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Ceramic Wall Tiles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Ceramic Floor Tiles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Hot water System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Kitchen Sink	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Garbage Disposal Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Laundry Tub(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Bath(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Spa Bath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Shower Base(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Vanity Basin(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
W.C.Suite(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Tapware	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Bathroom Accessories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Towel Rail(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Roll Holder(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Room Heater(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Exhaust Fan(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Ceiling Fan(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Upright Stove	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Wall Oven	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Under Bench Oven	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Microwave Oven	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Hot Plate/Stove	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Rangehood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Dishwasher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Washing Machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Light Fittings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Other : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Other : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Other : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Other : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Other : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Other : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Other : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____

TOTAL COST FOR PC ITEMS \$ _____

(PROVISIONAL SUM's (PS's)Yes No N/A *(Items & attendance)**Refer to Attached List :*Yes No

Scaffolding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Rock Removal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Removal of Contamination	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
<i>Footing Design</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Identification Survey	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Site Access	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Water Supply	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Power Supply	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Demolition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Removal of Tree(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Siteworks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Platform Preparation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Removal of Spoil/Soil	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Retaining Wall(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Piering to Footings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Concrete Paths	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Concrete Driveways	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Vehicle Crossover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Sewerage (Lin m Allowed)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Septic Installation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Waste water Treatment System	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Stormwater (Lin m Allowed)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Glass Blocks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Fireplace	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Wall Sarking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Roof Sarking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Wall Insulation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Ceiling Insulation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Timber Framed Stairs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Polished Timber Floor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Flyscreens to Alum. Doors & Windows.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Garage Doors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Sliding Robe Doors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Kitchen Cupboards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Vanity Unit(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Handrails & Balustrade	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
<i>(Timber Fabricated on Site)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
External Applied Finishes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Gas Connection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Power Pole	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
External Painting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Internal Painting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Water Tank(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Pressure Pump	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Floor Coverings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Other : _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Other : _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Other : _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
TOTAL COST FOR PS ITEMS					\$ _____

CONTINGENCY SUMS

Concrete Pump Hire	\$ _____
Crane Hire	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

OTHER DETAILS

Builder's margin on Variations During Construction _____%

Builder's Charge out Rate for Variations:

Principal Contractor	\$ _____
Construction Manager	\$ _____
Carpenter (Formworker)	\$ _____
Carpenter (Framer)	\$ _____
Carpenter (Joiner)	\$ _____
Labourer (Builders)	\$ _____

COST ESCALATION

Yes No N/A

Cost Escalation may be requested by the Principal Contractor for Cost and Wage increases incurred after signing the Contract. Cost Escalation only applies to projects over a Specified Sum as stated in the builder's contract. The Specified Sum is usually over \$200,000.

Formula: Contract Price x % Increase x Time Delay.

*(Example: Contract Price: \$100,000:00 – % increase for each day: 0.05% - Time Delay: 10 days
Calculation: [$\$100,000 \times (0.05\% \div 100) \times 10 \text{ days}$] - Cost Escalation Increase: \$500:00)*

CALCULATIONS

1) Contract Price \$ _____ x (_____ % Increase x _____ Time Delay in Days

Cost Escalation Increase : \$ _____

2) Contract Price \$ _____ x (_____ % Increase x _____ Time Delay in Days

Cost Escalation Increase : \$ _____

3) Contract Price \$ _____ x (_____ % Increase x _____ Time Delay in Days

Cost Escalation Increase : \$ _____

4) Contract Price \$ _____ x (_____ % Increase x _____ Time Delay in Days

Cost Escalation Increase : \$ _____

5) Contract Price \$ _____ x (_____ % Increase x _____ Time Delay in Days

Cost Escalation Increase : \$ _____

SITE INSPECTIONSYes No N/A *Site inspections to be carried out to ascertain the extent of work completed.***PRELIMINARY / SITE CLEARING / SITE SETTING OUT :** Yes No N/A Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

STAGE 2 - BASE STAGE : Yes No N/A Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

STAGE 3 - FRAME STAGE : Yes No N/A Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

STAGE 4 - ENCLOSED STAGE : Yes No N/A Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

STAGE 5 - FIXING STAGE : Yes No N/A Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

STAGE 6 - PRACTICAL COMPLETION: Yes No N/A Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

STAGE 7 - DEFECTS LIABILITY PERIOD Yes No N/A Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONSDate of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONSDate of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONSDate of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONSDate of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONS

Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONS

Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONS

Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

OTHER INSPECTIONS

Date of Inspection : _____ Stage Completed : Yes No

Comments : _____

SITE MEETINGS

Yes No N/A

Date of Meeting : _____ Time of Meeting : _____

Location of Meeting : _____

Reason for Meeting : _____

List of Persons in Attendance : _____

Record of Meeting : _____

Outcomes : _____

Action Items & by Whom : _____

SITE MEETINGS

Yes No N/A

Date of Meeting : _____ Time of Meeting : _____

Location of Meeting : _____

Reason for Meeting : _____

List of Persons in Attendance : _____

Record of Meeting : _____

Outcomes : _____

Action Items & by Whom : _____

CONSTRUCTION DETAILS:

STAGE 1 DEPOSIT

- *Deposit means the amount to be paid by the Owner (Client) to the Builder in accordance with the Contract as stated in the Schedule.*

STAGE 2 BASE STAGE

- *For a home with a suspended concrete slab floor: the concrete footings are poured and the formwork and reinforcing for the suspended slab are installed.*
- *For a home with a concrete floor: other than a suspended concrete slab floor, the floor is finished.*
- *For a home with a timber floor with base masonry: when the concrete footings for the floor are poured and the masonry base is built to floor level and the bearers and joists are installed.*
- *For a home with a timber floor without masonry base: the stumps, piers or columns are finished and the bearers and joists are installed.*

Site Setting Out :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Site Excavation:	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Footing Excavation :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Footing Reinforcement :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Concrete to Footings :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Set Up Floor Slab :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Slab Reinforcement :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Concrete to Slabs :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Piers/Stumps :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Base Masonry :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Sub-Floor Framing :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Copy of Certifier's Certificate :		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

STAGE 3 FRAME STAGE

- *Frame Stage means that stage of "Works" when the building frame is finished:*

External Framework :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Internal Framework :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
External Masonry Wall :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
External Masonry Veneer :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Structural Steel :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Wall Bracing :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Roof Trusses/Framing :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Copy of Certifier's Certificate :		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

STAGE 4 ENCLOSED STAGE

- *Enclosed Stage means that stage of the Works when the external wall cladding is finished; pointing necessarily having been done or for a metal roof, scribing and final screwing off necessarily having been done; and the structural flooring is laid; and the external doors are fixed (even if only temporarily), but, if a lockable door separating the garage from the rest of the building has been fixed, without the garage door necessarily having been fixed; and the external windows are fixed (even if only temporarily).*

Flooring :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Roof Sarking :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Roof Insulation :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Wall Sarking :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
External Wall Cladding :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Metalwork :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Roof Cladding :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Roof Tiles :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Window/Door Installation :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Copy of Certifier's Certificate :		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

STAGE 5 FIXING STAGE

- *Fixing Stage means that stage of the Works when all the internal linings, architraves, cornices, skirting, doors to rooms, baths, shower trays, wet area tiling, built in shelves, built in cabinets and built in cupboards are fitted and fixed in position.*

Wall Insulation :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Internal Wall Lining :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Soffits :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Joinery/Doors etc :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Built-in Cupboards :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Wet Areas :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Garage Doors :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Plastering (wet) :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Plastering (dry) :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Plumbing Roughout :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Electrical Roughout :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Floor Tiling :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Wall Tiling :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Copy of Certifier's Certificate :		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

STAGE 6 PRACTICAL COMPLETION

- *Practical Completion Stage means that Stage of the Works when the Works are completed in accordance with the Contract and all relevant statutory requirements, apart from minor omissions or minor defects, and the Works are reasonably suitable for habitation.*

External Painting :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Internal Painting :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Internal Fitout :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Plumbing Fitout :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Electrical Fitout :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Paving :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Floor Coverings :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
House Drainage :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Storm Water Drainage :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Mechanical Services :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Landscaping :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Awnings/Blinds/Curtains :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Fire Protection :	Completed -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Copy of Certifier's Certificate :		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

PROLONGATION COSTS

Yes No N/A

Cost incurred to the Principal Contractor due to delays in the contract caused by the Client or the Client's representative.

Claim No 1 : _____ Date of Claim : ____ / ____ / 20____

Reason for Claim : _____

Amount of the Claim : \$ _____

Approved - Yes No Date of Approval : ____ / ____ / 20____

Claim No 2 : _____ Date of Claim : ____ / ____ / 20____

Reason for Claim : _____

Amount of the Claim : \$ _____

Approved - Yes No Date of Approval : ____ / ____ / 20____

LATENT CONDITIONS :

Costs incurred due to the physical conditions on or below the site, or area surrounding the site, which differs materially from the physical conditions which could reasonably have been expected by the Contractor at the time the Contract, was entered into.

Claim No : _____

Date of Claim : ____ / ____ / 20____

Reason for Claim : _____

Amount of the Claim : \$ _____

Approved : - Yes No

Date of Approval : ____ / ____ / 20____

STAGE 7 DEFECTS LIABILITY PERIOD

- *Defect Liability Period means the period commencing on the Date of Practical Completion and ends six (6) months after Practical Completion.*

DEFECTS :

Defect List Provided : Yes No N/A

Completed : Yes No N/A

EXTENSION OF TIME :

Yes No N/A

Refer to List of Variation Orders:

Total Time : _____

WARRANTIES/GUARANTEES :

Completed : - Yes No N/A

White Goods : Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

CERTIFICATES/REPORTS :

Completed : Yes No N/A

- Soil Test Report : Yes No N/A
- Soil Compaction Report : Yes No N/A
- Peculation Report : Yes No N/A
- Engineers Certificate : Yes No N/A
- Termite Management Certificate : Yes No N/A
- Wall Framing Certificate : Yes No N/A
- Roof Truss Certificate : Yes No N/A
- Waterproofing Certificate : Yes No N/A
- Glazing Certificate : Yes No N/A
- Ergon Energy Test Notice Form 2 : Yes No N/A
- Final Drainage Inspection Certificate : Yes No N/A
- Hydraulics Design Report : Yes No N/A
- Certifier's Final Inspection Certificate : Yes No N/A
- Fire Engineering Report : Yes No N/A
- Other : _____ Yes No N/A
- Other : _____ Yes No N/A

FINAL COMPLETION:

Completed : - Yes No N/A

Date : _____

Designer's Signature