**PUNCHLIST OF CORRECTIVE**

**WORKS / INSPECTION REPORT**

Project Title:

Location:

Contractor:

Contract Amount:

Date of NTP (Received):

Contract Duration:

Completion Date Initial Inspection Final Inspection

Date: Date: Date:

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| --- | --- | --- | --- |
| **Item of Work** | **Description of Corrective Works** | **Remarks/Date Rectified** | **Signature of Engineer** |
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Note: The contractor agrees to immediately correct any defect

indicated in the above inspection report within 15 calendar days

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| **Prepared by:** | **Recommending Approval:** | **Conforme:** | | **Contractor:** |
| **NAME**  Engineer III | **MICHAEL GIRARD R. ALBA**  Chief-ESSD | |  |  |