

FORM F

Construction Productivity & Quality Group
Quality and Certification Department

CONQUAS Line : 6730 4400
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200 Braddell Road S(579700)

CONQUAS ARCHITECTURAL WORKS MATERIAL & FUNCTIONAL TESTS DECLARATION

PROJECT NAME: _____ PROJECT ID NO: _____

CONTRACTOR : _____

- All FORMS to be submitted no later than 3 months after project's TOP date.

1) USE OF PROPRIETARY PRE-PACKED PLASTER (Not applicable to 9th Edition)

The following propriety pre-packed plaster was used for **ALL** plastering works in the Project:

Name & Type of Pre-Packed Plaster used: _____

(Note: If both plastering sand and pre-packed plaster were used in the Project, please fill in NA)

2) EXTERNAL WATERTIGHTNESS TEST FOR WINDOWS & WALL JOINTS

Number of Windows self-tested in the Project based on BCA's CONQUAS field testing parameters (at least 25% of total windows found in the Project):

<input type="text"/>	Total nos. tested
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Number of Windows self-tested in the Project and **passed at 1st attempt** based on BCA's CONQUAS field testing parameters:

<input type="text"/>	Total nos. passed
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(Note: For cases of failures, please submit record summarizing the specific locations and dates of self-test failures including subsequent retests)

3) WET AREAS WATERTIGHTNESS TEST

Number of Internal and External Wet areas (including RC Flat roofs, if applicable) self-tested on the final completed flooring for the Project:

<input type="text"/>	Total nos. tested
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Number of Internal and External Wet areas (including RC Flat roofs, if applicable) self-tested on the final completed flooring and **passed at 1st attempt** for the Project:

<input type="text"/>	Total nos. passed
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(Note: For cases of failures, please submit record summarizing the specific locations and dates of self-test failures including subsequent retests)

4) EXTERNAL FACADE

Type	Precast	System Formwork	Cladding Façade (Including Curtain Wall)
Area (m2)			
Total Facade Area (m2)			

5) INTERNAL WALL PARTITION

Type	Drywall	Precast Panel (with skim coat)	Precast Panel (with plastering)	Brickwork
Area (m2)				
Total Internal Partition(Excl.wet area)(m2)				

I hereby certify that the above declarations are correct.

Name of Project Qualified Person

Company / Agency Name /Contact no

Signature/Date/QP's Stamp