## CHECKLIST (to be completed by site manager/supervisor)

Company:					
Site:					
Plot:		Site manager/supervisor:			
Ref.	Item		Yes (✔)	No (✔)	Inspected (initials & date)
1.	Are wall leaves at I	east 40mm apart?	( )		(iiiiiais a dats)
2.	Are the metal frames a minimum of 72mm or greater?				
3.	Is the mineral wool placed in the cavities of both leaves?				
4.	Are all joints in the wall lining staggered?				
5.	Are all joints sealed with tape or caulked with sealant?				
6.	Is separating wall s	satisfactorily complete?			
Site	manager/superviso	or signature			

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