

FORM
REFERENCE NO.:

Defect Form

Layout Plan



Description of Defect :

1. Wall

- a Crack
- b Uneven
- c Painting

2. Floor

- a Crack
- b Uneven

3. Ceiling

- a Crack
- b Uneven
- c Painting

4. Others

CONTRACTOR USE ONLY

Received by,

Name : _____

Signature : _____

Date : _____