

Monitoring forms list

No	Form	Prepared by	Received, checked an approved by
1	Request for Action	Contractor (Site Agent)	WSP (Resident Engineer)
2	Daily Report Diary	Contractor (Site Agent)	WSP (Inspector of Work)
3	Monthly Report	WSP (Resident Engineer)	
4	Concrete Approval Checklist	Contractor (Site Agent)	WSP (Inspector of Work) WSP (Resident Engineer)
5	Joint Measurement sheet	Contractor (Site Agent)	WSP (Resident Engineer)
6	Interim Payment certificate	Contractor	WSP (Resident Engineer) WSP (Managing Director)
7	Final Payment certificate	Contractor	WSP (Resident Engineer) WSP (Managing Director)
8	Certificate of completion	WSP (Resident Engineer)	WSP (Managing Director) Contractor
9	Certificate of Final Acceptance	WSP (Resident Engineer)	WSP (Managing Director) Contractor
10	Engineer Instruction Form	WSP (Resident Engineer)	Contractor
11	Variation Order Form	WSP (Resident Engineer)	WSP (Managing Director) Contractor

REQUEST FOR ACTION

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

RFA number:

Date of issue:

From the site Agent (Contractor) to the Resident Engineer (WSP)	For:	
	Clarification	
	Information	
	Decisions	
	Inspections/Approvals	

REQUEST:

On behalf of Contractor :

Name:.....Sign:.....Date:.....

Comments:

Received and approved by the Resident Engineer – WSP

Name:.....Sign:.....Date:.....

Copy to:

1. Contractor
2. Resident Engineer (WSP)
3. WSTF representative

DAILY REPORT DIARY

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

Site:
Date:

Weather:
A.M:
P.M:

Report No:
Site Conditions:

SUPERVISORY STAFF		
S/No.	Description	Qty

LABOUR		
S/No.	Description	Qty

MAIN PLANT & EQUIPMENT				
S/No.	Description	Capacity	Qty	Op. Hrs

Summary of Works Executed

Material on Site

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Deliveries to Site	Qty	Delivery Note	Remarks

Safety and Security

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For and on behalf of contractor: (Site agent)	Name	Date	Signature
For and on behalf of WSP: (Inspector of Work)	Name	Date	Signature

Original (white): Contractor Duplicate (blue): WSP Duplicate (yellow): WSTF

APPROVAL FOR COMMENCEMENT OF CONCRETE PLACING

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP.....

No:

Contractor's Name and Address:

STRUCTURE:

ELEMENT:

REF. DRAWINGS:

CONCRETE CLASS:

CONCRETE VOLUME: m3

	CHECK ITEMS	Inspection				Follow-up Inspection				Remarks
		Contractor		IoW (WSP)		Contractor		RE (WSP)		
		Check	Date	Check	Date	Check	Date	Check	Date	
Foundation Preparation	No loose material									
	Clean Surface									
Formwork	Well supported									
	Correct internal dimensions									
	Correct position (Surveyed)									
	Clean and Oiled									
	Joints mortar tight									
Reinforcement	Assembly (No. and spacing)									
	Diameter and Type (Y/R/T)									
	Cover to reinforcement (mm)									
	Cleanliness, no formwork oil									
	Binding and fixtures									
Surface Finish	Control for finished levels									
	Floating equipment on site									
Embedded Item	Correctly positioned									
	Correct number									
	Fixed securely									
Waterproofing	Yes No									
	Description:									
Concrete Placing	Vibrators on site									
	Placing equipment available									
Concrete Curing	Curing Material Availability									
Any Other Item										

Inspection Request: (Contractor) Signature: _____ Date: _____ Time: _____

Inspection Done: (Inspector of Work WSP) Signature: _____ Date: _____ Time: _____

Follow up Inspection Request: (Contractor) Signature: _____ Date: _____ Time: _____

FINAL APPROVAL: (Resident Engineer WSP) Signature: _____ Date: _____ Time: _____

JOINT WORK MEASUREMENT SHEET

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

Contractor's Name and Address:	No:
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For Interim/Final Payment Certificate No.: Date:

Bill No.	Item No.	Description	Unit	Quantity

Add sketches where necessary

Prepared by Contractor (Site agent)	Checked by Inspector of Work (WSP)	Checked and approved by the RE (WSP)
Sign:	Sign:	Sign:
Date:	Date:	Date:
Original (white): Contractor	Duplicate (blue): WSP	Duplicate (yellow): WSTF

INTERIM PAYMENT CERTIFICATE

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

	No:
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Contract Title:	
Contract Number:	
Contract Start Date:	

Employers Name and Address:	
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Contractor's Name and Address:	
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Percentage of payment for this certificate:%
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AMOUNT in KSH	
Accepted Contract Value:	
Paid to Date:	
Remaining Contract Balance:	
Payment for work executed for this certificate:	

Description of work executed:

Payment for other claims including variation:	
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Description of claims including variations (must have supporting documents):

Sub-total	
Deduct 10% Retention fee	
Withholding Tax 3%	
Deduct 6% VAT	
NET AMOUNT DUE	

I Certify that the sum of KSH (Kenya Shillings)

.....

only is due to

.....

and payable on demand and according to terms of Contract

Prepared by Contractor	Received and checked by Resident Engineer (WSP)	Approved by Managing Director (WSP)
Name:	Name:	Name:
Date:	Date:	Date:
Sign:	Sign:	Sign:

FINAL PAYMENT CERTIFICATE

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

Contract Title:		
Contract Number:		
Contract Start Date:		
Employers Name and Address:		
Contractor's Name and Address:		
Percentage of payment for this certificate:		
	%
	AMOUNT in KSH	
Accepted Contract Value:		
Paid to Date:		
Remaining Contract Balance:		
Payment for work executed for this certificate:		
<i>Description of work executed:</i>		
Payment for other claims including variation:		
<i>Description of claims including variations (must have supporting documents):</i>		
Sub-total		
Deduct 10% Retention fee		
Withholding Tax 3%		
Deduct 6% VAT		
NET AMOUNT DUE		
<i>I Certify that the sum of KSH (Kenya Shillings)</i>		
.....		
<i>only is due to</i>		
.....		
<i>and payable on demand and according to terms of Contract</i>		
Prepared by Contractor	Received and checked by Resident Engineer (WSP)	Approved by Managing Director (WSP)
Name:	Name:	Name:
Date:	Date:	Date:
Sign:	Sign:	Sign:

CERTIFICATE OF SUBSTANTIAL COMPLETION

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

Contract Title:	
Contract Number:	
Initial Contract Amount:	
Total Contract Amount:	
Contract Start Date:	
Contractor's Name and Address:	
Employers Name and Address:	

In accordance with the Conditions of Contract, the Works were inspected and are certified as being complete on
Date:/...../.....

The Defects Liability Period ends on
Date:/...../.....

Complete Partial - List Areas Accepted:

Substantial Completion and warranty time periodes affected are defined in the General Conditions of the Contract. All parties listed below have reviewed the work under this Contract and recommend issuance of the substantial completion. The WSP will assume full possession and responsibility for the project and designated area, less punch list items, on the above listed. All warranties will start the day of substantial completion, with the exception of those items on the punch list, which will start on the date defined below.

Punch List:

A list of items to be completed or corrected, prepared by the Resident Engineer (WSP), checked and augmented as required by the Contractor is appended hereto. The failure to include any item on such list does not relieve the Contractor of the responsibility to complete all work in accordance with the contract documents.

The Contractor shall complete or correct the work on the punch list appended herto by

Date:/...../.....

The punch list consists ofitems

Notes:

1. Final Payment Certificate to be processed 7 days after the elapse of the Contract period and succesful completion of work under the Contract.
2. The Employer takes over the Site as from
3. The contractor is supposed to hand over the as built drawings within the Defects Liability Period

Contractor	Resident Engineer (WSP)	Managing Director (WSP)
Name:	Name:	Name:
Date:	Date:	Date:
Sign:	Sign:	Sign:

CERTIFICATE OF FINAL ACCEPTANCE

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

Contract title:

Contract No:

Initial Contract Amount:

Total Contract amount:

Contract Start Date:

Date of Final Acceptance:

Contractor Name and Address:

Employer's Name and Address:

Signing of the Final Acceptance form shall certify that the work contained in the subject contract has been inspected and assessed by the parties listed below, that all punch list items on the Substantial Completion form have been completed, that the contractor has fulfilled all his contractual obligations, that the warranties have been accepted and the contractor may be authorized to receive final payment in full, including all retainage.

DECLARATION

“.....” (Name of the Project) which is supervised by
“.....” (Name of the WSP) is completed by the
Contractor in accordance with the drawings, technical specifications and science and craft rules.
Supervisor decided that Permanent Works are satisfactory in accordance with the Contract and the final acceptance of the said work has been approved by the Supervisor.

SIGNATURES

Contractor (Contractor's Name and Stamp)

Name:..... Sign:..... Date:.....

Resident Engineer - **WSP** (WSP's Name)

Name:..... Sign:..... Date:.....

Managing Director - **WSP** (WSP's Name)

Name:..... Sign:..... Date:.....

ENGINEER'S INSTRUCTION

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:

Instruction number:

Date of issue:

The Contractor is instructed to act on or carry out works in accordance with the undernoted instruction

To:.....(Contractor)

From:.....(Resident Engineer – WSP)

INSTRUCTION:

The following instruction leads to a variation

YES

NO

Prepared by Resident Engineer (WSP)

Name:

Date:

Sign:

Received and approved by Contractor:

Name:

Date:

Sign:

Copy to:

1. Contractor
2. Resident Engineer (WSP)
3. WSTF Representative

VARIATION ORDER

CONSTRUCTION OF DECENTRALISED TREATMENT FACILITY

Name of WSP:.....

Contract Title:	
Contract Number:	
Contract Start Date:	
Employer's Name and Address:	
Contractor's Name and Address:	

Basis for the confirmation of the variation

Variation Application form fully filled:

Supporting documents attached:

Quotation for additional material attached :

Contractor informed Employer in time of the variation:

Breakdown of Works confirmed as a variation to the contract

No	Description	Unit	Quantity	Unit Rate (Kes)	Cost (Kes)

Cost of Variation (excl. VAT)	
VAT (16%)	
Total Cost of Variation	
Original Contract Price	
Revised Contract Price	

Note: The price of the variation is due and payable at the same time as the next Payment Certificate after it is carried out unless a different time is agreed.

Extension of Time for Completion

Estimated time for Variation:days Revised Completion Date:.....

Reason for Variation & Effect on Works (if not requested by WSP):

Variation Acceptance

The Contractor and the WSP accept this Variation Order and acknowledge and affirm that it is incorporated into the Contract as varied.

On behalf of the Contractor:	On behalf of WSP:
Name:	Name:
Date:	Date:
Sign:	Sign:

Notes:

1. The variation order Form has to be prepared by the Resident Engineer (WSP) and approved by the Managing Director
2. No approval shall be given without a fully filled variation application form and supporting documents. If the variation is based on an instruction given at the site by the responsible supervisor from the WSP, the contractor is supposed to attach a copy of this instruction to the application form.