

## POSTLINE/FIRE RATED LINING Checklist

Address:

Consent number:

Inspectors name:

Date:

8:00am	10:00am	1:00pm	3:00pm	Pass	Fail

Partial	Full

**General**

	Pass	Fail	N/A
Has the ceiling gib board been installed correctly including ceiling diaphragm if applicable			
Is the sheet material correct			
Have all brace fixings been installed			

**Comments**

**Fire Rated Lining**

	Pass	Fail	N/A
Is the sheet material correct			
Has all stopping been completed			
Has the ceiling cavity been checked			
Are the sheet fixings correct			
Have all penetrations been sealed			
Have the correct electrical flush boxes been installed			

**Comments**