

Contractor Defect Liability Checklist

Project Name

Project Location

Contractor

Date of Handover

Contract No.

Checklist of Defects

No.	Location/Area	Description of Defect	Rectified (Yes/No)	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Remarks

Signatures

Checked/Verified By (Consultant/Owner):

Name & Date

Rectified By (Contractor):

Name & Date