# 4T10 SITE INSTRUCTION PRO-FORMA

From: Principal Agent To: Contractor

Name: .....................................……....... Name: .............................................…………..

Company: ......................................…….. Company: ........................................…………..

Date: ……………………………………………. Fax No: ...........................................……………

**RE: PROJECT NO: ..................... PROJECT NAME: ..........................................……………………………**

Following our recent visit to the abovementioned project on ………............................ [*Date*], we hereby wish to bring to your attention the following concerns:

|  |  |
| --- | --- |
| **1. Problems Identified** | Problems Resolved \* |
|  | **Date** | Initial |
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| --- | --- | --- |
| **2.** **Actions Required** | By Whom | By When |
|  |  |  |
|  |  |  |
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**3. Conditions for Authorisation of next Contractors Payment Claim:**

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**………………………………………………………………………………………………………………………….**

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Signed: ......................................... Received by: ...............................................

 Project Manager / Designer Contractors Representative

Distribution: Original - Contractor , Copy - Project Manager , Copy – IA Project Manager