



**BORANG PEMERIKSAAN AKHIR  
( ALAM SEKITAR )  
(SEMASA PEMBINAAN / PRODUK SIAP)** [Borang JKR.PK(O).04- SKA.17]

PROJEK: \_\_\_\_\_

NO KONTRAK: \_\_\_\_\_

**A**  Accepted

**B**  Accepted with Conditions

**C**  Not Accepted

**D**  Not Ready

Department

Room

Room No.

Date

KONTRAKTOR: \_\_\_\_\_

**1. AIRCONDITIONING AND VENTILATION**

Room Temperature \_\_\_\_\_

Ventilation  N/V  M/V  A/C

Usage: Intermittent  Office hours  24 Hours

Airchange/Hour \_\_\_\_\_

Relative Humidity \_\_\_\_\_

Air Extraction (Duct/Non Duct) \_\_\_\_\_

Air Filtration \_\_\_\_\_

Air Pressure (Relative to Adj. Space) \_\_\_\_\_

Permissible Noise Level \_\_\_\_\_

**2. LIGHTING**

	Type	Intensity	Number
General			
Night			
Local			
Emergency – A(Safety/Escape) or B (Standby)			

**3. ELECTRICAL**

	Normal	Essential	UPS	Notes
Single Phase Supply				
13 Amp Single				
13 Amp Twin				
13 Amp Xray				
15 Amp Single Isolator (SPN)				
Three Phase Supply Isolator (TPN)				
Fan				

**4. COMMUNICATIONS**

Telephone  A Line  B Line  C Line

Clock

Audiovisual

Call System

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Patient/Nurse - Staff/Staff - Public

**5. MECHANICAL SERVICES**

Gas Outlets	BHT
Oxygen	
Nitrous Oxide	
Vacuum	
Compressed Air (400kPa)	
Scavenger	
Entonox	
Surgical Air (700kPa)	

**6. WATER & DRAINAGE**

Water Outlets	
Hot	
Cold	
Hot and Cold	
Drinking	
Special Drainage Requirements	

Comments: \_\_\_\_\_

<p>CONSULTANT</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Date: _____</p>	<p>CONTRACTOR</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Date: _____</p>	<p>JKR</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Date: _____</p>
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**Nota: Satu salinan hendaklah diserahkan kepada Pegawai Penguasa Projek & Kontraktor untuk rekod / tindakan.**