|  |  |
| --- | --- |
| **END OF DEFECTS LIABILITY CHECKLIST** | |
| Workplace |  |
| Date of review |  |

**Details of the Building and Construction Project**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of building and construction project |  | | |
| Overview of this project |  | | |
| Project site address |  | | |
| State/territory |  | | |
| **Checklist items:** | | **YES/NO** | **Remedy** | |
|  | | o YES  o NO |  | |
|  | | o YES  o NO |  | |