STRUCTURAL SAFETY REPORT

NAME:

ADDRESS:

POST CODE: TEL:

1. Your personal details are required only to enable us to contact you for further details about any part of your report.
2. You will receive an acknowledgement as soon as possible.
3. This **whole** Report Form will be returned to you.

No record of your name and address will be kept

Please complete relevant information about the event/situation

QUALIFICATION				MEMBERSHIP CLASS			
CPEng	[ ]	IPENZ	[ ]	Graduate	[ ]	Member	[ ]
IStructE	[ ]	Other	[ ]	Technician	[ ]	Fellow	[ ]
LBP	[ ]			Associate	[ ]	None	[ ]

OCCUPATION	DATE OF REPORT
Your Job Title:	Date of Report / /
	Approximate Date Concern was Noticed / /

AREA OF CONCERN	CONSTRUCTION
Location:	Age of Structure:

ORGANISATION		PROJECT STAGE		STRUCTURE TYPE		MATERIAL	
Client	[ ]	Appointment	[ ]	Domestic building	[ ]	Masonry	[ ]
Consulting firm	[ ]	Design process	[ ]	Building structure	[ ]	Steelwork	[ ]
Contractor	[ ]	Construction	[ ]	Bridge	[ ]	Composite	[ ]
Project management	[ ]	Temporary works	[ ]	Highway	[ ]	Reinforced concrete	[ ]
Planning supervisor	[ ]	Operation	[ ]	Tunnel	[ ]	Pre-stressed	[ ]
Local Authority	[ ]	Maintenance	[ ]	Marine	[ ]	Timber	[ ]
Utility Company	[ ]	De-commissioning	[ ]	Water related	[ ]	Other	[ ]
Government	[ ]	Demolition	[ ]	Other	[ ]		
Supplier	[ ]	Other	[ ]			Where “other” are checked please describe in text	
Other	[ ]						

DESCRIPTION OF THE REASON FOR CONCERN - (Please use additional sheets if necessary)

Please place the completed report form, with additional pages if required, in a sealed envelope and send to:

Confidential Reporting, IPENZ Engineers New Zealand, P O Box 12 241 Wellington 6144