

SITE CLAIM REPORTING FORM

Form No OM-03 Rev 01 Dated 01-Jul-14

Job No	 <p style="font-size: small; text-align: center;">شركة مكونات البناء ذ.م.م. BUILDING COMPONENT SOLUTIONS (LLC)</p>	Site Location
Customer		Selling office
Prepared by _____ Date _____		Erector name

1 Inaccurate member lengths								
Item No.	Bldg. No	Phase No.	Part Number	Length in mm			Location	Sketch Attached
				As per Shipper List (BOM)	Received at Site	Required at Site		
1								<input type="checkbox"/> Yes
2								<input type="checkbox"/> Yes
3								<input type="checkbox"/> Yes
4								<input type="checkbox"/> Yes

2 Incorrect supplied quantities										
Item No.	Bldg. No	Phase No.	Part Number	Package Number	Quantity					Sketch Attached
					As per Shipper List	As per Erection Drawings	As per Packing List	Received at Site	Required at Site	
1										<input type="checkbox"/> Yes
2										<input type="checkbox"/> Yes
3										<input type="checkbox"/> Yes
4										<input type="checkbox"/> Yes

3 Missing items in shipping list / erection drawings										
<input type="checkbox"/> Not on Erection Drawing & Not in Shipper List				<input type="checkbox"/> On Erection Drawing but not in Shipper List				<input type="checkbox"/> Not on Erection Drawing but in Shipping List		

Item No.	Bldg. No	Name of the Component	Item No.	Bldg. No	Part Number of the Component	Erection drawing No.	Item No.	Bldg. No	Part Number of the Component	Quantity in Shipper List
1										
2										
3										
4										

5 Missing details on drawings										
Item No.	Bldg. No	Location with respect to grid number where details are required			Description of material			Part Number	Quantity in Shipper list	Erection Drawing No.
1										
2										
3										
4										

6 Materials defects										
Item No.	Bldg. No	Phase No.	Nature of the Problem	Part Number	Total Quantity		Date Received at site	Remarks	Photo Attached	
					As per Shipper List	Affected				
1									<input type="checkbox"/> Yes	
2									<input type="checkbox"/> Yes	
3									<input type="checkbox"/> Yes	
4									<input type="checkbox"/> Yes	

7 Others (please specify)										

OM Engineer	Date:	Copy To
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