

| THE SEWERAGE AND DRAINAGE ACT (CAP 294) SITE AUDIT BY BUILDER AND QUALIFIED EROSION CONTROL PROFESSIONAL ON ECM | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| Date | | | | |
| Instruction | | | | |
| <ul style="list-style-type: none"> The Contractor shall complete the form <u>with site plan and timestamp photos to show that the Earth Control Measures (ECM) implementation on site is in accordance with the approved ECM plan</u> This form is to be duly signed by the Contractor <u>and</u> QECP responsible for the implementation and design of ECM for the project. | | | | |
| Particulars of Project | | | | |
| ECM Certificate No. | | | | |
| Project Reference No. | | | | |
| Project Title | | | | |
| Commencement and Completion Date | | | | |
| Developer | | | | |
| Contractor | | | | |
| Particulars of QECP | | | | |
| Name of QECP | | | | |
| Key Checklist | | | | |
| | | Yes | No | N.A. |
| 1 | Treatment plant(s) have been adequately provided on site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Holding pond(s) have been adequately provided on site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Cut-off drain has been provided and connected to the holding pond on site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | The current earthwork on site is carried out in accordance with the work phasing under the approved ECM plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | No internal drainage outlet is leading directly, or indirectly, to the public drain except the ECM designated outlet(s). Any such drainage outlets have been completely filled and sealed off. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Endorsement by Builder and QECP

We have carried out an ECM audit check on _____ at the above project site and confirmed that the Earth Control Measures (ECM) at the site were adequate and implemented in accordance with the approved ECM plan.

*Contractor's Project Manager
Name, Date, Signature
and Company Stamp*

*QECP
Name, Date, Signature
and QECP Stamp*