

Appendixes

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Appendixes

TII Forms & Templates for Buildings less than 2800sqm

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ENGINEERING OFFICE LOGO

APPLICATION NO.

THERMAL INSULATION IMPLEMENTATION FORM (Appendix-A)

Client Name: Phone No.: e-mail:
Bldg. No. Road No. Block No. Area:
Engineering Office Name: Phone No.: e-mail:
Building Type: No. of floors:

• Thermal Transmittance (U-Value) for Roofs

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r	R	Notes
				<u>m.k</u>	<u>m².k</u>	
				w	w	
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
Total thermal resistances for materials used in Roof (R _T):						

U-Value = W/m.² °C

Client's Name & Signature

In charge Engineer Name & Signature

Engineering Office Stamp & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for Air-conditioned floors/ceilings exposed to non-air-conditioned spaces*

Sr. No.	Description of materials used	Density kg/m ³	Thickness	r	R	Notes
			(I)	<u>m.k</u>	<u>m².k</u>	
			m	w	w	
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for external Walls with Blocks*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r $\frac{m.k}{w}$	R $\frac{m^2.k}{w}$	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = <div style="display: inline-block; width: 150px; border-bottom: 1px solid black;"></div> W/m.² °C

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for Concrete/ Shear Walls*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for External Columns*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for External Beams*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for Spandrel Area of Curtain Wall*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	$\frac{r}{m.k}$ w	$\frac{R}{m^2.k}$ w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = <div style="float: right; text-align: right;">W/m.² °C</div>

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for walls of light wells/shafts/voids*

Sr. No.	Description of materials used in Walls	Density kg/m ³	Thickness (I) m	$\frac{r}{m.k}$ w	$\frac{R}{m^2.k}$ w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for* *(specify the type of wall)*

Sr. No.	Description of materials used in Exterior Walls	Density kg/m ³	Thickness (I) m	$\frac{r}{m.k}$ w	$\frac{R}{m^2.k}$ w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

Glass Selection Details

Location	Windows & Doors	Curtain Wall	Sky Light	Total Glass Area (M ²)	Total Surface Area (M ²)	Glass %
Glass Area (M ²)						

LOCATION	GLASS MAKE/DESCRIPTION/COATING SURFACE #		THICKNESS (mm)			SUMMER U-VALUE (W/M ² °C)	SHADING COEFFICIENT (SC)	LIGHT TR %
	OUTER GLASS	INNER GLASS	OUTER GLASS	AIR SPACE	INNER GLASS			
WINDOWS & DOORS								
CURTAIN WALLS								
SKY LIGHT								

I hereby state that all information in the attached tables and documents is correct and I confirm that I will comply with Thermal Insulation Order no. (8 /99) for the construction of this building.

Client's Name & Signature

In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

CALCULATION SHEET FOR GLASS AREA

Job Title: _____

Client's Name: _____

Type of External Glazed Window/Glazed Door/Curtain wall/Sky light	Size of window/door /curtain wall/sky light (W x H)	Front Elevation		Rear Elevation		Left Elevation		Right Elevation		Total Glass Area of all Elevations (M ²)	Total Surface Area of all Elevations (M ²)
		Qty (N _f)	Total Glass Area (M ²) (WxHxN _f)	Qty (N _r)	Total Glass Area (M ²) (WxHxN _r)	Qty (N _l)	Total Glass Area (M ²) (WxHxN _l)	Qty (N _{ri})	Total Glass Area (M ²) (WxHxN _{ri})		
Total glass area in each elevation (G _a)											
Surface area of each elevation (S _a)											
Percentage of Glass (G _a /S _a)X100											

Engineering Office Name: _____

In charge Engineer's Name: _____

In charge Engineer's Signature: _____

Notes:

1. Indicate type of window/door/curtain wall/sky light as W_n/D_n/CW_n/SKL_n respectively. n is variable as per schedule of windows, doors, curtain wall and sky light. Use additional sheets if required.
2. Submit separate calculations for light wells/voids

CALCULATION SHEET FOR EXTERNAL SURFACE AREAS (Including glass)

Floor Designation	Front		Rear		Left		Right	
	LxHxN*	Area (M ²)	LxHxN*	Area (M ²)	LxHxN*	Area (M ²)	LxHxN*	Area (M ²)
Ground Floor								
Mezzanine Floor								
Typical Floors								
Roof Deck								
Pent House								
Other Floors								
Total area								

Engineering Office Name: _____

In charge Engineer's Name: _____

In charge Engineer's Signature: _____

Notes:

L= Length (Meters) H= Height (Meters)

N* = No. of Typical Floors and is applicable for calculating total surface area of typical floors. For remaining floors N*=1

Other floors: Specify & add if any

- Notes: 1. Exclude basement, car park levels & parapet in calculation of external surface areas.
 2. Submit separate calculations for light wells/voids

CONTRACTING COMPANY'S LOGO

FOLLOW-UP NOTICE FOR
THERMAL INSULATION IMPLEMENTATION

TO:

Engineering Office

Fax:

Application No.: _____ **Building Permit No.** _____

Client Name: _____

Building No. _____ **Road No.** _____ **Block No.** _____ **Area** _____

We would like to inform you that we are going to start the installation of thermal insulation for the (Roof / Wall/Glass) of floor no. on and that the thermal insulation will not be covered before

Name & Signature of supervising Engineer:

Telephone No.:

Contracting Co. Office Name & Stamp:

Date:

Note:

This form should be sent for each floor/roof/glass when intending to start the installation of thermal insulation and at least two weeks before its completion.

Copies of building permission & address card for entrance should be sent with the first Follow up Notice.

CONTRACTING COMPANY'S LOGO

**Thermal Insulation Implementation Program
Material Approval Form for Glass**

Application # _____ Owner's Name _____

Contractor's Office Name: _____

Date of Submission: _____

We submit following details for the Glass to be used in the above project for approval:

Manufacturer & Brand		
Local Agent of Manufacturer/Supplier & their Tel No.		
Aluminum Fabricator & Tel No.		
Product Description of glass for windows/doors.		
Product Description of glass for curtain wall...		
Product Description of glass for skylight...		
Expected start date of fabrication:*		
Documents/Samples to be submitted with this Form:	<ul style="list-style-type: none">• Performance Data from Manufacturer for each type of glass.• Certificate from the local supplier & Fabricator as per the format enclosed.• One Sample for each type duly labeled with following details:<ul style="list-style-type: none">- Engineering Office:- TII Application No.:- Project Name:- Client Name:- Glass Make & Product description:- Supplier/ Aluminum Fabricator details:	
Client's Name & Signature	Engineer in Charge Name & Signature	Contractor's Office Stamp & Signature
Engineering Office Approval::		
Approved/Rejected	Remarks:	
Signature:		
Date:	Stamp	

- Contractor's Office to send Follow Up Notices for inspection of glass at the factory of the supplier
- and at the building site at least one week before the start of Fabrication/installation of the glass...
- Approved glass sample(s) should be available at building site till the final inspection of glass.
- Copies of delivery notes from the glass manufacturer to local supplier and from the local supplier to Aluminum Fabricator should be submitted to Engineering Office at the time of inspection of glass at site.

Certificate to be given by the Glass Supplier & Aluminum Fabricator

Project Name: _____
 Client : _____
 Engineering Office: _____

Thermal Insulation Application No.: _____

We hereby confirm that the glasses supplied/used for windows/curtain walls/skylight for the above project are as given below:

Location	Make/Brand	Glass description & coating surface #		Thickness (mm)		
		Outer glass	Inner glass	Outer glass	Air Space	Inner glass
Windows						
Curtain walls.						
Skylight.						
Glass received from: Delivery Note No(s)& Date(s)*:						
Date the glass would be ready for inspection by E.O & MEW*:						

Signature: _____

Name: _____

Designation: _____

Company Stamp

Glass supplier should refer the thermal insulation application No. in their delivery notes to the aluminum fabricator.

ENGINEERING OFFICE LOGO

THERMAL INSULATION IMPLEMENTATION
MODIFICATION FORM

To: Engineering Office

We would like to inform you about the following changes in Thermal Insulation Application No.

_____ Date Approved _____

- | | |
|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Engineering Office |
| <input type="checkbox"/> Insulation Materials in Roof | <input type="checkbox"/> Insulation Materials in walls |
| <input type="checkbox"/> Glass Type | <input type="checkbox"/> Glass Area |

• **Thermal Transmittance(U-value) for Roof**

Sr. No.	Description of materials used in Roof	Density kg/m ³	Thickness (I) m	r	R	Notes
				<u>m.k</u>	<u>m².k</u>	
				w	w	
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
Total thermal resistances for materials used in Roof (R _T):						

U-Value =	W/m. ² °C
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Client's Name & Signature

In Charge Engineer Name & Signature

Contractor's Signature & Stamp

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for Air-conditioned floors/ceilings exposed to non-air-conditioned spaces*

Sr. No.	Description of materials used	Density kg/m ³	Thickness	r	R	Notes
			(I)	<u>m.k</u>	<u>m².k</u>	
			m	w	w	
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value =	W/m.² °C
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<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Client's Name Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> In Charge Engineer Name & Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Contractor's Signature & Stamp
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Engineering Office Approval	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Approval
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ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for external Walls with Blocks*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

**Client's Name
 & Signature**

**In charge Engineer
 Name & Signature**

**Contractor's Signature &
 Stamp**

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for Concrete/ Shear Walls*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (l) m	r $\frac{m.k}{w}$	R $\frac{m^2.k}{w}$	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

**Client's Name
& Signature**

**In Charge Engineer
Name & Signature**

**Contractor's Signature &
Stamp**

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for External Columns*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

**Client's Name
 & Signature**

**In Charge Engineer
 Name & Signature**

**Contractor's Signature &
 Stamp**

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for External Beams*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

**Client's Name
 & Signature**

**In Charge Engineer
 Name & Signature**

**Contractor's Signature &
 Stamp**

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for Spandrel Area of Curtain Wall*

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

**Client's Name
 & Signature**

**In Charge Engineer
 Name & Signature**

**Contractor's Signature &
 Stamp**

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

Thermal Transmittance (U-Value) for walls of light wells/shafts/voids

Sr. No.	Description of materials used in Walls	Density kg/m ³	Thickness (l) m	r $\frac{m.k}{w}$	R $\frac{m^2.k}{w}$	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = W/m.² °C

Client's Name & Signature

In charge Engineer Name & Signature

Contractor's Signature & Stamp

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

- *Thermal Transmittance (U-Value) for* *(specify the type of wall)*

Sr. No.	Description of materials used in Exterior Walls	Density kg/m ³	Thickness (I) m	r $\frac{m.k}{w}$	R $\frac{m^2.k}{w}$	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
Total thermal resistance for materials used in Wall (R_T):						

U-Value = **W/m.² °C**

**Client's Name
 & Signature**

**In charge Engineer
 Name & Signature**

**Contractor's Signature &
 Stamp**

Engineering Office Approval

Date of Approval

ENGINEERING OFFICE LOGO

Glass Selection Details

Location	Windows & Doors	Curtain Wall	Sky Light	Total Glass Area (M ²)	Total Surface Area (M ²)	Glass %
Glass Area (M ²)						

LOCATION	GLASS MAKE/DESCRIPTION/COATING SURFACE #		THICKNESS (mm)			SUMMER U-VALUE (W/M ² °C)	SHADING COEFFICIENT (SC)	LIGHT TR %
	OUTER GLASS	INNER GLASS	OUTER GLASS	AIR SPACE	INNER GLASS			
WINDOWS & DOORS								
CURTAIN WALLS								
SKY LIGHT								

I hereby state that all information in the attached tables and documents is correct and I confirm that I will comply with Thermal Insulation Order no. (8 /99) for the construction of this building.

**Client's Name
 & Signature**

**In charge Engineer
 Name & Signature**

**Contractor's Signature
 & Stamp**

Engineering Office Approval

Date of Approval

CHECK LIST FOR THERMAL INSULATION IMPLEMENTATION (TII)-MODIFICATION FORM

Engineering Office shall ensure that the modification form is complete with all details given below and attach supporting documents and drawings as required. Two sets are to be submitted.

1	Application No. as given in the approved TII Form	
2	Tick the appropriate box for the type of changes proposed	
3	For change of owner, attach supporting document for transfer of ownership, copy of CPR/CR, Tel No.& e-mail for the new owner	
4	For change of Engineering Office, submit "Form to be submitted with TII Modification for change of Engineering Office".	
5	For change of insulation materials in roof, attach drawing for roof cross section and supporting documents for resistivity values of new materials proposed in the roof.	
6	For change of insulation materials in walls, attach drawing for wall cross section and supporting documents for resistivity values of new materials proposed in the walls.	
7	For change of glass type, attach drawing for glass cross section, copy of performance data sheet from the manufacturer's catalogue for the new type of glass. High light, in the performance data sheet, the glass proposed to be used. Glass selection should be in accordance with Table (5.2) in the Code of Practice for thermal insulation in buildings.	
8	For change of glass area, attach revised floor plans, elevations, schedule of doors & windows and calculation sheets for glass/external surface areas, details for glass selected. Attach copy of performance data sheet from the manufacturer.	

Notes:

All the pages of the modification form duly filled with relevant information and with names and signatures of client, in charge engineer, stamp & signature of engineering office should be submitted. If there is no change in any of the pages of the previously approved TII Form, information given in the approved TII Form shall be repeated in these pages and signed afresh by all concerned.

If wall/roof construction is different at different locations, then additional sheets for roof/wall with relevant data for each such construction/location should be included.

RECORD OF FOLLOW UP NOTICES & INSPECTIONS

Project Name:						
Client's Name:						
Building Permit No.:				Thermal Insulation Application No.:		
Contractor's Name						
Address:	Bldg No.:		Road No.:		Block No.	
Follow up Notice No.	Date Received	Location	Inspection Date	Inspected by	Status:	Violation
		FI No./ Roof/Glass			Accepted/ Rejected	Yes/No

RECORD OF VIOLATIONS & RECTIFICATIONS

Project Name:					
Client's Name:					
Building Permit No.:			Thermal Insulation Application No.:		
Contractor's Name					
Address:	Bldg No.:	Road No.:	Block No.		

Violation Notice No./Date	Location	Details of Violations	How violation rectified	Inspection Date	Inspected by	Status:
	FI No./Roof/Glass					Accepted/Rejected

مرفق 1

إقرار مقدم من قبل المكاتب الهندسية عند التقدم بطلب لرخصة بناء

يقر المكتب الهندسي بأن التصاميم الهندسية الخاصة بالمشروع المرفق قد تم إعدادها وفقاً لمتطلبات قرار العزل الحراري رقم (8) لسنة 1999م ولأئحته الفنية وتعديلاته. كما تم إعداد جميع الوثائق الخاصة بهذا المشروع وفقاً للنماذج المعدة من قبل وحدة العزل الحراري بهيئة الكهرباء والماء، وسوف يقوم المكتب الهندسي بالاحتفاظ بجميع الوثائق والنماذج الدالة على التزام المكتب الهندسي بهذا القرار خلال فترة لا تقل عن عامين من إصدار رخصة البناء وتسليمها للجهات المختصة عند طلبها.

كما يتحمل المكتب الهندسي كامل المسؤولية المترتبة عن الإخلال بما ورد أعلاه.

توقيع وختم المكتب الهندسي مع التاريخ

مرفق 2

إقرار مقدم من قبل المكاتب الهندسية عند اكتمال المبنى

مبنى رقم: _____ طريق _____ مجمع _____

رقم رخصة البناء: _____

يقر المكتب الهندسي بأن هذا المبنى قد تم بناؤه وإكماله وفقاً لمتطلبات قرار العزل الحراري لمملكة البحرين. كما سوف يقوم المكتب الهندسي بالاحتفاظ بجميع الوثائق الدالة على التزام المكتب الهندسي بتطبيق قرار العزل الحراري على هذا المبنى وخلو المبنى من أي مخالفة للقرار، وذلك خلال فترة لا تقل عن عامين من إصدار شهادة إتمام البناء وتسليمها للجهات المختصة عند طلبها. كما يتحمل المكتب الهندسي كامل المسؤولية المترتبة عن الإخلال بما ورد أعلاه.

اجتياز فحص الزجاج

تم بتاريخ:

اجتياز فحص الأسقف

تم بتاريخ:

اجتياز فحص الجدران

تم بتاريخ:

توقيع المهندس المسؤول

التاريخ:

توقيع المهندس المسؤول

التاريخ:

توقيع المهندس المسؤول

توقيع وختم المكتب الهندسي مع التاريخ

OVERALL U-VALUE CALCULATION FOR EXTERNAL WALLS

Client Name: _____ **Block No.:** _____ **No. of floors:** _____

Type of external wall	Area M² (A)	U-Value (U)	A*U
Wall with blocks			
Concrete shear wall			
External Columns			
External Beams			
External Lintels/Sill Beams			
Spandrel area of curtain wall			
Walls of light wells/shafts/voids			
Other type of walls			
Total	A_T		A*U_T
Overall U-value			A*U_T/A_T

Engineering Office Name: _____

Incharge Engineer's Name: _____

Incharge Engineer's Signature: _____

Note:

Exclude area of glazed doors/windows/vision glass of curtain walls from total area A_T

AREA CALCULATIONS-SHEAR WALLS/WALLS WITH BLOCKS

Client Name: _____ **Block No.:** _____ **No. of floors:** _____

SHEAR/CONCRETE WALLS				WALLS WITH BLOCKS		
Location	Length (M)	Height (M)	Area M2	Length (M)	Height (M)	Area M2
GF	North					
	East					
	West					
	South					
Typical Floors	North					
	East					
	West					
	South					
Roof Deck	North					
	East					
	West					
	South					
Other Floors	North					
	East					
	West					
	South					
Total				Total		

Engineering Office Name: _____

Engineering Office Name: _____

Incharge Engineer's Signature: _____

AREA CALCULATIONS-EXTERNAL COLUMNS/BEAMS/LINTELS/SILL BEAMS

Client Name:

Block No.:

No. of floors:

COLUMNS					BEAMS					LINTELS/SILL BEAMS				
Type	Width (M)	Height (M)	No	Area M ²	Type	Length (M)	Height (M)	No	Area M ²	Type	Width (M)	Height (M)	No	Area M ²
C1					B1					L1				
C2					B2					L2				
C3					B3					L3				
										SBI				
										SB2				
										SB3				
Total					Total					Total				

Engineering Office Name:

Incharge Engineer's Name:

Incharge Engineer's Signature:

AREA CALCULATIONS-GLAZING

Block No.:

No. of floors:

CURTAIN WALL									GLAZED DOORS/WINDOWS				
CW Type	Vision Glass				Spandrel				Type	Length (M)	Height (M)	No	Area M ²
	Length (M)	Height (M)	No	Area M ²	Length (M)	Height (M)	No	Area M ²					
CW1									D1				
CW2									D2				
CW3									D3				
									W1				
									W2				
Cn									Wn				
Total				Total					Total				

Engineering Office Name:

Incharge Engineer's Name:

Incharge Engineer's Signature: