



DWELUP CORPORATION

ESTIMATION / BOQ CHECKLIST

Professional Quantity Takeoff, Cost Estimation & Bill of Quantities Review

Use this checklist to organize project information, quantities, rates, and BOQ review before finalizing an estimate.

Project / Client	Date	Checked By	Project Ref.
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A SECTION A — PROJECT & CLIENT INFORMATION

No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
1.	Client name	_____	<input type="checkbox"/>
2.	Project name	_____	<input type="checkbox"/>
3.	Project type	_____	<input type="checkbox"/>
4.	Site location	_____	<input type="checkbox"/>
5.	Contact details	_____	<input type="checkbox"/>
6.	Scope of estimation	_____	<input type="checkbox"/>
7.	Drawing / revision reference	_____	<input type="checkbox"/>

B SECTION B — BASIC PROJECT DATA

No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
8.	Plot / building area	_____	<input type="checkbox"/>
9.	No. of floors	_____	<input type="checkbox"/>
10.	Unit system confirmed	Yes / No	<input type="checkbox"/>
11.	Drawing scale confirmed	Yes / No	<input type="checkbox"/>
12.	Structural drawings available	Yes / No	<input type="checkbox"/>
13.	Architectural drawings available	Yes / No	<input type="checkbox"/>
14.	MEP information available	Yes / No	<input type="checkbox"/>
15.	Specifications / notes received	Yes / No	<input type="checkbox"/>

C SECTION C — QUANTITY TAKEOFF INPUTS

No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
16.	Excavation quantities reviewed	Yes / No	<input type="checkbox"/>
17.	PCC quantities reviewed	Yes / No	<input type="checkbox"/>
18.	RCC quantities reviewed	Yes / No	<input type="checkbox"/>
19.	Masonry / blockwork reviewed	Yes / No	<input type="checkbox"/>
20.	Plastering quantities reviewed	Yes / No	<input type="checkbox"/>
21.	Flooring quantities reviewed	Yes / No	<input type="checkbox"/>
22.	Roofing quantities reviewed	Yes / No	<input type="checkbox"/>
23.	Finishing items reviewed	Yes / No	<input type="checkbox"/>
24.	Doors & windows reviewed	Yes / No	<input type="checkbox"/>
25.	Reinforcement quantities reviewed	Yes / No	<input type="checkbox"/>
26.	Formwork quantities reviewed	Yes / No	<input type="checkbox"/>
27.	Plumbing quantities reviewed	Yes / No	<input type="checkbox"/>
28.	Electrical quantities reviewed	Yes / No	<input type="checkbox"/>
29.	External works reviewed	Yes / No	<input type="checkbox"/>
30.	Measurement units consistent	Yes / No	<input type="checkbox"/>

D SECTION D — RATES & COSTING REVIEW

No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
31.	Material rates updated	Yes / No	<input type="checkbox"/>
32.	Labor rates updated	Yes / No	<input type="checkbox"/>
33.	Equipment rates updated	Yes / No	<input type="checkbox"/>
34.	Transport cost included	Yes / No	<input type="checkbox"/>
35.	Wastage factor included	Yes / No	<input type="checkbox"/>
36.	Overhead cost included	Yes / No	<input type="checkbox"/>
37.	Profit margin included	Yes / No	<input type="checkbox"/>
38.	Contingency considered	Yes / No	<input type="checkbox"/>
39.	Tax / duties considered	Yes / No	<input type="checkbox"/>
40.	Currency confirmed	Yes / No	<input type="checkbox"/>

E SECTION E — BOQ STRUCTURE & COVERAGE

No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
41.	BOQ item numbering complete	Yes / No	<input type="checkbox"/>
42.	BOQ descriptions clear	Yes / No	<input type="checkbox"/>
43.	Units assigned correctly	Yes / No	<input type="checkbox"/>
44.	Quantities entered correctly	Yes / No	<input type="checkbox"/>
45.	Rates entered correctly	Yes / No	<input type="checkbox"/>
46.	Amounts calculated correctly	Yes / No	<input type="checkbox"/>
47.	Subtotals checked	Yes / No	<input type="checkbox"/>
48.	Grand total checked	Yes / No	<input type="checkbox"/>
49.	Exclusions listed	Yes / No	<input type="checkbox"/>
50.	Assumptions listed	Yes / No	<input type="checkbox"/>

F SECTION F — FINAL REVIEW & APPROVAL

No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
51.	Estimation checked by estimator	Yes / No	<input type="checkbox"/>
52.	BOQ reviewed by senior engineer	Yes / No	<input type="checkbox"/>
53.	Missing items reviewed	Yes / No	<input type="checkbox"/>
54.	Commercial accuracy reviewed	Yes / No	<input type="checkbox"/>
55.	Technical accuracy reviewed	Yes / No	<input type="checkbox"/>
56.	Recommendation	_____	<input type="checkbox"/>
57.	Final comments	_____	<input type="checkbox"/>

NOTES / REMARKS

PREPARED BY
Name: _____
Designation: _____
Signature: _____
Date: _____

APPROVED BY
Name: _____
Designation: _____
Signature: _____
Date: _____