


Project Name: TQ Number: Date: Attachment: <input type="checkbox"/> No <input type="checkbox"/> Yes	<h1>Technical Query</h1>	
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SECTION 1: General Information


TQ Title:	
Originator:	<input type="checkbox"/> Project-DCC <input type="checkbox"/> Site-DCC <input type="checkbox"/> Other
TQ Issued by:	<input type="checkbox"/> Civil <input type="checkbox"/> St. Structure <input type="checkbox"/> Mechanical <input type="checkbox"/> Piping <input type="checkbox"/> Electrical <input type="checkbox"/> I&C
Discipline Impact:	<input type="checkbox"/> Civil <input type="checkbox"/> St. Structure <input type="checkbox"/> Architectural <input type="checkbox"/> Mechanical <input type="checkbox"/> Piping <input type="checkbox"/> Fire Fighting <input type="checkbox"/> H.V.A.C <input type="checkbox"/> Q.C <input type="checkbox"/> Electrical <input type="checkbox"/> I & C <input type="checkbox"/> Fire Alarm & Detection
Priority:	<input type="checkbox"/> Urgent <input type="checkbox"/> Normal
Reference Document List*: Contractor Request <input type="checkbox"/> Drawing <input type="checkbox"/> Letter <input type="checkbox"/> Other <input type="checkbox"/>	According to the attachment: 1. 2. 3. 4. (*: With Date and Documents No.)

SECTION 2: TQ Detail

Description: According to the attachments	Composed by: Name: Position: Sign: Date:
	Authorized: Name: Position: Sign: Date:

SECTION 3: Suggestion/Solution/Advice

Description:	Composed by: Name: Position: Sign/Date:
	Authorized: Name: Position: Sign/Date:

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SECTION 4: Response to TQ

Description:	Composed by: Name: Position: Sign/Date:
	Authorized: Name: Position: Sign/Date:

SECTION 5: Information of sending to the contractor

Date of Send: Letter No.: Sender:
Contractor's Answer: <input type="checkbox"/> Approve Closing Date: <input type="checkbox"/> Not Approve New TQ No.: Explanations: