

ITP No. : \_\_\_\_\_  
 Inspection Gr. : \_\_\_\_\_  
 Report No. : \_\_\_\_\_  
 Date : \_\_\_\_\_

## FILED INSPECTION REPORT

Quality Control Form

Inspection Type :  <b>INSPECTION AIR CRAFT LIGHT</b>	Work No. : _____		
	Unit No. : _____		
	Item No. : _____		
	Location : _____		
Inspection Notice No. :	Date / Names / Signature		
Drawing No(s) :	Company	Contractor	Subcontractor
J/B No. / Cabinet No. :	/ /	/ /	/ /
Manufacture :			
:			
:			
:			

### 1. Installation inspection :

No.	Item to Check	Result	Remarks
1	Check conformity of lighting fixture, location, mounting level to specification and drawings.		
2	Check installed lighting fixture to meet the requirement of specification.		
3	Check support of lighting correct and tight.		
4	Check touch-up paint of support.		
5	Check junction box location and installed correct.		
6	Check conduit and tray installed correct.		
7	Check cable termination and glanding correct and tight.		
8	Check connection of earthing system.		
9	Check control panel connection and function correct.		

Remarks :

Legend

N.A: Not Applicable