

<b>FILED INSPECTION REPORT</b> Quality Control Form	ITP No.: _____ Inspection GR.: _____ Report No.: _____ Date: _____
<b>Inspection Type :</b>	WORK No.: _____ ITEM No.: _____ LOCATION: _____
<b>ALIGNMENT(LEVELING)</b>	SIGNATURE _____ COMPANY      CONTRACTOR      SUBCONTRACTOR
INSPECTION NOTICE No.: _____ COMPANY'S INSPECTOR: _____ CONTRACTOR INSPECTOR: _____ SUBCONTRACTOR INSPECTOR: _____	_____ _____ _____

LOCATION & CENTERING							
SIDE	NORTH			EAST			REMARK
	DESIGN	ACTUAL	DIFF.	DESIGN	ACTUAL	DIFF.	
FIXED SIDE							
SLIDING SIDE							

LEVELING				
DISTANCE BETWEEN SADDLE				
SLOP	DESIGN SLOP		PERCENT	
NO.	READING	ACTUAL SLOP	REMARK	
A				
B				

FLANGES LEVELING		
NO.	DIRECTION	REMARK
1	0 →	
	180 →	
	90 →	
	270 →	
2	0 →	
	180 →	
	90 →	
	270 →	