

FILED INSPECTION REPORT
Quality Control Form

ITP No.: _____
 Inspection GR.: _____
 Report No.: _____
 Date: _____

Inspection Type :	WORK No.	:	
ALIGNMENT (PLUMBING)	ITEM No.	:	
	LOCATION	:	
	SIGNATURE		
	COMPANY	CONTRACTOR	SUBCONTRACTOR
INSPECTION NOTICE No.:			
COMPANY'S INSPECTOR:			
CONTRACTOR INSPECTOR:			
SUBCONTRACTOR INSPECTOR:			

LOCATION/CENTERING				
ORIENTATION	DESIGN	ACTUAL	DIFF.	REMARK
NORTH				
EAST				

VERTICAL DEVIATION

DIRECTION	ALLOWABLE	ACTUAL-MIDDEL(mm)	ACTUAL-TOP(mm)	REMARK
0 180	0.8 mm/1000mm, 19mm Max			
90 270	0.8 mm/1000mm, 19mm Max			