

FIELD INSPECTION REPORT Quality Control Form	ITP No.:		
	Inspection Gr.		
	Report No.		
	Date		
INSPECTION TYPE INSPECTION EQUIPMENT/ BATTERY ROOMS inc. TRANSFORMER YARD	WORK No:		
	UNIT NO.		
	ITEM No.		
	LOCATION		
DATE/NAMES/SIGNATURE			
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTR
DRAWING NO(S):	/ /	/ /	/ /

1. Report the tidings and general condition of the area inspected:		
2. Check the following items:		
a) Fire extinguishers installed as per design requirement.	_____	
b) State type of extinguisher provided.	_____	
3. Check the following items and report any deviations/ defects under remarks:		
Exterior: a) Correct numbering of room/ area applied, fire fighting instructions and danger signs provided as per Local Regulations.	Yes	No
Is area equipment complete with: b) First Aid/ Electric Shock treatment instructions. c) Instructions required by Local Authority. d) Key diagram of main power system (wall mounted). e) Single line diagram of area switchboards (Wall mounted). f) Schematic/ wiring diagrams of area equipment (cabinet mounted). g) Blackboard and/ or log book h) Sufficient caution and danger notices. i) Spare fuses as and where required. j) Telephone and telephone list. k) Special tools and earthing equipment.		
Proper operation of: l) Safety locks. m) Doors, door locks and panic bars. n) Lighting, socket outlets and emergency lighting. o) H.V.A.C. system		
Remarks and Deviations: _____ _____		

Legend NA.: Not Applicable