

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

FILED INSPECTION REPORT

Quality Control Form

Inspection Type : INSPECTION CCTV SYSTEM	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.	Inspection Item	Result	Remarks
1	Check conformity of Equipment and device location to specification and drawing.		
2	Visual check of system equipment and devices for any mechanical damages.		
3	Check support or stanchion installed correctly.		
4	Check painting of support or stanchion.		
5	Check camera installed as per drawing.		
6	Inspection for damages and cleanliness of components.		
7	Check installation of conduit correctly.		
8	Check cables and glands, weather proofing etc.		
9	Check earthing system connected.		
10	Check functional test of CCTV.		
Remarks :			

Legend N.A: Not Applicable