

<b>FIELD INSPECTION REPORT</b> Quality Control Form	ITP No.: _____ INSPECTION GR. _____ REPORT NO. _____ DATE _____									
INSPECTION TYPE  <b>CABINET / PANEL INSPECTION</b>	WORK No. _____ ITEM No. _____ LOCATION _____ <div style="text-align: center;"><b>SIGNATURE</b></div>									
INSPECTION NOTICE NO.: _____ COMPANY'S INSPECTOR: _____ CONTRACTOR INSPECTOR: _____ SUBCONTRACTOR INSPECTOR: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">COMPANY</th> <th style="width: 33%;">CONTRACTOR</th> <th style="width: 33%;">SUBCONTRACTOR</th> </tr> <tr> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	COMPANY	CONTRACTOR	SUBCONTRACTOR	/ /	/ /	/ /			
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<b><u>INSPECTION RESULTS</u></b> <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH COMMENT <input type="checkbox"/> RE-INSPECTION REQUIRED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> FOR INFORMATION ONLY	<b><u>WITNESSED</u></b> <input type="checkbox"/> COMPANY <input type="checkbox"/> CONTRACTOR									
<b>CHECK LIST</b>										
<input type="checkbox"/> Check that all installed items, equipment and terminations conform to vendor's drawings <input type="checkbox"/> Check that installation conform to vendor's project data and drawings. <input type="checkbox"/> Check that panel number conforms to equipment list attached to specification and data. <input type="checkbox"/> Check that holding down arrangements and anti-vibration mountings conform to specification. <input type="checkbox"/> Check equipment is correctly preserved. <input type="checkbox"/> Check the equipment earthing / bonding is properly installed. <input type="checkbox"/> Produce marked-up drawings in accordance with installation.										
<b>REMARKS:</b>										

Legend NA: Not Applicable