

FILED INSPECTION REPORT

Quality Control Form

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

Inspection Type : <p style="text-align: center;">INSPECTION COMMUNICATION SYSTEM</p>	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.	Item to Check	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 zone numbering of circuits with reference to drawing.		
4	Check support or stanchion installed correctly.		
5	Check painting of support or stanchion.		
6	Check Acoustic enclosure installed correct.		
7	Inspection for damages and cleanliness of communication components.		
8	Check installation of conduit correctly.		
9	Check cables and glands, weather proofing etc.		
10	Check termination of equipment as per schedule.		
11	Check continuity of all circuits.		
12	Check earthing system connected.		
13	Check functional test of Telephone Instrument.		

Remarks :

Legend N.A : Not Applicable