

FILED INSPECTION REPORT Quality Control Form				ITP No.: _____ Inspection Gr.: _____ Report No.: _____ Date: _____ Ref. Dwg. No.: _____											
Inspection Type : <u>HVAC LOCAL CONTROL PANEL / HLCP</u> <u>FUNCTIONAL CHECK</u>				WORK No.: _____ ITEM No.: _____ LOCATION: _____ SIGNATURE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">COMPANY</td> <td style="width: 33%; text-align: center;">CONTRACTOR</td> <td style="width: 33%; text-align: center;">SUBCONTRACTOR</td> </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: 40px;"></td> <td></td> <td></td> </tr> </table>			COMPANY	CONTRACTOR	SUBCONTRACTOR	/ /	/ /	/ /			
COMPANY	CONTRACTOR	SUBCONTRACTOR													
/ /	/ /	/ /													
INSPECTION NOTICE No.:				/ /											
COMPANY'S INSPECTOR:															
CONTRACTOR INSPECTOR:															
SUBCONTRACTOR INSPECTOR:															
MODEL No.:				_____											
ITEM No.	LOOP No.	SERVICE	SET POINT (IF ANY)	CAUSE	EFFECT	CHECK									
Notes:				Remarks:											
Legend N.A: Not Applicable				Rev.: Page:											