www.Inspection-for-Industry.com

FIELD INSPECTION REPORT Quality Control Form	ITP No.:	
	Inspection Gr.	
	Report No.	
	Date	
INSPECTION TYPE **LIGHTING ON/ OFF TEST**	WORK No.	
	UNIT NO.	
	ITEM No.	
	LOCATION	

	DATE/NAMES/SIGNATURE		
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTR
DRAWING NO(S):	/ /	/ /	/ /
DATE TESTED:			
WEATHER			
TEMPERATURE (˚C):			
TEST EQUIPMENT:			

Distribution Board No.	Switch No.	Emergency Lighting Sequence	Normal Lighting	Remarks

Legend NA.: Not Applicable