

FIELD INSPECTION REPORT

Quality Control Form

ITP No.:

INSPECTION

GR.

REPORT NO.

DATE

INSPECTION TYPE:

WORK No. :

ITEM No. :

LOCATION :

ALIGNMENT(PLUMBING(ST.ST))

SIGNATURE

INSPECTION NOTICE NO.:

COMPANY

CONTRACTOR

SUBCONTRACTOR

COMPANY'S INSPECTOR:

CONTRACTOR INSPECTOR:

SUBCONTRACTOR INSPECTOR:

NO.	COLUMN NO.	HEIGHT	PLUMBNESS(ACTUAL)		RESULT	REMARK
			EAST	NORTH		
1	A-1					
2	A-2					
3	A-3					
4	A-4					
5	A-5					
6	A-6					
7	A-7					
8	A-8					

