

**FILED INSPECTION REPORT**  
Quality Control Form

ITP No.: \_\_\_\_\_  
 Inspection GR.: \_\_\_\_\_  
 Report No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>Inspection Type :</b>	WORK No.	:	
<b>ALIGNMENT (PLUMBING)</b>	ITEM No.	:	
	LOCATION	:	
	SIGNATURE		
	COMPANY	CONTRACTOR	SUBCONTRACTOR
INSPECTION NOTICE No.:			
COMPANY'S INSPECTOR:			
CONTRACTOR INSPECTOR:			
SUBCONTRACTOR INSPECTOR:			

LOCATION/CENTERING				
ORIENTATION	DESIGN	ACTUAL	DIFF.	REMARK
NORTH				
EAST				

**VERTICAL DEVIATION**

DIRECTION	ALLOWABLE	ACTUAL-MIDDEL(mm)	ACTUAL-TOP(mm)	REMARK
0          180	0.8 mm/1000mm, 19mm Max			
90          270	0.8 mm/1000mm, 19mm Max			