

FIELD INSPECTION REPORT

Quality Control Form

ITP No.: _____
 INSPECTION GR. _____
 REPORT NO. _____
 DATE _____

INSPECTION TYPE:

PULLY ALIGNMENT & FITTING OF ELECTRICAL MOTOR

WORK No. : _____
 ITEM No. : _____
 LOCATION : _____

SIGNATURE

INSPECTION NOTICE NO.:

COMPANY'S INSPECTOR:

CONTRACTOR INSPECTOR:

SUBCONTRACTOR INSPECTOR:

COMPANY

CONTRACTOR

SUBCONTRACTOR

CHAMBER NO.	ALLEN HEAD BOLT		DIFF.	REMARK
	CONDITION	TIGTHENING		
A				
B				
C				