

**www.Inspection-for-Industry.com**

Quality Control Form

Project:

Client:

Notification No.:

Contractor:

Date:

Ref. Standard:

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Doc. No.:

**INSPECTION NOTIFICATION**

Please be notified that the following activities will be executed and shall be inspected on date, time and location indicated below.

| Item | Activity Description | Location | Date | Time | Inspected By |            | Remark |
|------|----------------------|----------|------|------|--------------|------------|--------|
|      |                      |          |      |      | Client       | Contractor |        |
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Technical Comment:

| Quality Control        | TPI Inspection         | Client                  |
|------------------------|------------------------|-------------------------|
| Name:<br>Sign:<br>Date | Name:<br>Sign:<br>Date | Name:<br>Sign:<br>Date: |