

FILED INSPECTION REPORT Quality Control Form	ITP No.: _____ Inspection GR.: _____ Report No.: _____ Date: _____
Inspection Type :	WORK No.: _____ ITEM No.: _____ LOCATION: _____
ALIGNMENT(LEVELING)	SIGNATURE _____ COMPANY CONTRACTOR SUBCONTRACTOR
INSPECTION NOTICE No.: _____ COMPANY'S INSPECTOR: _____ CONTRACTOR INSPECTOR: _____ SUBCONTRACTOR INSPECTOR: _____	_____ _____ _____

LOCATION & CENTERING							
SIDE	NORTH			EAST			REMARK
	DESIGN	ACTUAL	DIFF.	DESIGN	ACTUAL	DIFF.	
FIXED SIDE							
SLIDING SIDE							

LEVELING				
DISTANCE BETWEEN SADDLE		DESIGN SLOP		PERCENT
SLOP	READING	ACTUAL SLOP	REMARK	
NO.				
A				
B				

FLANGES LEVELING		
NO.	DIRECTION	REMARK
1	0 →	
	180 →	
	90 →	
	270 →	
2	0 →	
	180 →	
	90 →	
	270 →	