

<b>FIELD INSPECTION REPORT</b> Quality Control Form	ITP No.:		
	Inspection Gr.		
	Report No.		
	Date		
INSPECTION TYPE  <b>INSPECTION EQUIPMENT/ BATTERY ROOMS</b> <b>inc. TRANSFORMER YARD</b>	WORK No:		
	UNIT NO.		
	ITEM No.		
	LOCATION		
DATE/NAMES/SIGNATURE			
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTR
DRAWING NO(S):	/ /	/ /	/ /

<b>1. Report the tidings and general condition of the area inspected:</b>		
<b>2. Check the following items:</b>		
a) Fire extinguishers installed as per design requirement.	_____	
b) State type of extinguisher provided.	_____	
<b>3. Check the following items and report any deviations/ defects under remarks:</b>		
<b>Exterior:</b>	<b>Yes</b>	<b>No</b>
a) Correct numbering of room/ area applied, fire fighting instructions and danger signs provided as per Local Regulations.		
<b>Is area equipment complete with:</b>		
b) First Aid/ Electric Shock treatment instructions.		
c) Instructions required by Local Authority.		
d) Key diagram of main power system (wall mounted).		
e) Single line diagram of area switchboards (Wall mounted).		
f) Schematic/ wiring diagrams of area equipment (cabinet mounted).		
g) Blackboard and/ or log book		
h) Sufficient caution and danger notices.		
i) Spare fuses as and where required.		
j) Telephone and telephone list.		
k) Special tools and earthing equipment.		
<b>Proper operation of:</b>		
l) Safety locks.		
m) Doors, door locks and panic bars.		
n) Lighting, socket outlets and emergency lighting.		
o) H.V.A.C. system		
<u>Remarks and Deviations:</u>		

Legend      NA.: Not Applicable