

FIELD INSPECTION REPORT Quality Control Form	ITP No.: _____ INSPECTION GR. _____ REPORT NO. _____ DATE _____				
INSPECTION TYPE INSTRUMENT INSTALLATION CHECK	WORK No. _____ ITEM No. _____ LOCATION _____ <div style="text-align: center;">SIGNATURE</div>				
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTRACTOR		
COMPANY'S INSPECTOR:	/ /	/ /	/ /		
CONTRACTOR INSPECTOR:					
SUBCONTRACTOR INSPECTOR					
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>INSPECTION RESULTS</u> <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH COMMENT <input type="checkbox"/> RE-INSPECTION REQUIRED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> FOR INFORMATION ONLY </td> <td style="width: 50%; vertical-align: top;"> <u>WITNESSED</u> <input type="checkbox"/> COMPANY <input type="checkbox"/> CONTRACTOR </td> </tr> </table>				<u>INSPECTION RESULTS</u> <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH COMMENT <input type="checkbox"/> RE-INSPECTION REQUIRED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> FOR INFORMATION ONLY	<u>WITNESSED</u> <input type="checkbox"/> COMPANY <input type="checkbox"/> CONTRACTOR
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CHECK LIST					
<input type="checkbox"/> Check that installation conforms to P & ID, installation details, and <input type="checkbox"/> Check that tag is correct and properly attached. <input type="checkbox"/> Check that access conforms to specification with platforming where necessary. <input type="checkbox"/> Check that device support arrangements are adequate and that equipment is protected against vibration. <input type="checkbox"/> Check device is in accordance with Vendor's documents. <input type="checkbox"/> Ensure equipment is correctly preserved. <input type="checkbox"/> Produce marked-up drawings in accordance with installation.					
REMARKS:					