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	ITP No.:		
	INSPECTION GR.		
FIELD INSPECTION REPORT	REPORT NO.		
	DATE		
Quality Control Form			
INSPECTION TYPE	WORK No.		
INSTRUMENT LOOP INSTALLATION	ITEM No.		
GAS/HEAT/MAC/UV/IR DETECTORS	LOCATION	~~~~~	
NUMBER OF A NUMBER OF A NO.	SIGNATURE COMPANY CONTRACTOR SURCONTRACTOR		
INSPECTION NOTICE NO.: COMPANY'S INSPECTOR:	COMPANY	CONTRACTOR	SUBCONTRACTOR
COMPANY S INSPECTOR: CONTRACTOR INSPECTOR:	/ /	/ /	/ /
SUBCONTRACTOR INSPECTOR	-		
INSPECTION RESULTS □ APPROVED □ APPROVED WITH COMMENT	WITNESSED COMPANY CONTRACTOR		
RE-INSPECTION REQUIRED			
□ NOT APPROVED			
☐ FOR INFORMATION ONLY			
CHECK LIST			
☐ Check that installation conforms to instrument location plan and installation details.			
☐ Check that tag is correct and properly attached.			
☐ Check that access conforms to specification with platforming where necessary.			
☐ Check that device support arrangements are adequate and that the equipment is protected against vibration.			
☐ Check device is in accordance with Vendor's documents.			
☐ Check sensor is undamaged and correctly preserved.			
☐ Produce marked-up drawings in accordance with installation.			
REMARKS:			

Legend NA: Not Applicable