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| FIELD INSPECTION REPORT Quality Control Form | ITP No.: | | |
| | Inspection Gr. | | |
| | Report No. | | |
| | Date | | |
| INSPECTION TYPE LIGHTING ON/ OFF TEST | WORK No. | | |
| | UNIT NO. | | |
| | ITEM No. | | |
| | LOCATION | | |
| DATE/NAMES/SIGNATURE | | | |
| INSPECTION NOTICE NO.: | COMPANY | CONTRACTOR | SUBCONTR |
| DRAWING NO(S): | / / | / / | / / |
| DATE TESTED: | | | |
| WEATHER | | | |
| TEMPERATURE (°C): | | | |
| TEST EQUIPMENT: | | | |

| Distribution Board No. | Switch No. | Emergency Lighting Sequence | Normal Lighting | Remarks |
|------------------------|------------|-----------------------------|-----------------|---------|
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Legend NA.: Not Applicable