

ITP No. : \_\_\_\_\_  
 Inspection Gr. : \_\_\_\_\_  
 Report No. : \_\_\_\_\_  
 Date : \_\_\_\_\_

## FILED INSPECTION REPORT

Quality Control Form

Inspection Type :  <div style="text-align: center;"><b>INSPECTION PUBLIC ADDRESS SYSTEM</b></div>	Work No. : _____ Unit No. : _____ Item No. : _____ Location : _____															
Inspection Notice No. : _____ Drawing No(s). : _____ J/B No. / Cabinet No. : _____ Manufacture : _____ : _____ : _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Date / Names / Signature</th> </tr> <tr> <th style="width: 33%;">Company</th> <th style="width: 33%;">Contractor</th> <th style="width: 33%;">Subcontractor</th> </tr> <tr> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Date / Names / Signature			Company	Contractor	Subcontractor	/ /	/ /	/ /						
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/ /	/ /	/ /														

1. Installation inspection :			
No.	Item to Check	Result	Remarks
1	Check conformity of Equipment and device location to specification and drawing.		
2	Check conformity of main station component to specification and drawing.		
3	Check area classification.		
4	Check IP.		
5	Check zone numbering of circuits with reference to drawing.		
6	Check damages and cleanliness.		
7	Check support or stanchion installed correctly.		
8	Check touch-up painting of support or stanchion.		
9	Check installation of conduit correct.		
10	Check cables and glands, weather proofing etc.		
11	Check all connections are tighten.		
12	Check earthing system connected.		
13	Check continuity of all circuits.		
14	Check function test of each speaker.		
15	Check function test of each remote control unit.		
Remarks :			

Legend      N.A: Not Applicable