

<b>FIELD INSPECTION REPORT</b> Quality Control Form	ITP No.: _____ INSPECTION GR. _____ REPORT NO. _____ DATE _____									
INSPECTION TYPE  <b>SINGLE PAIR MULTICORE CABLE</b> (PRIOR TO BACHFILL)	WORK No. _____ ITEM No. _____ LOCATION _____ <div style="text-align: center;"><b>SIGNATURE</b></div>									
INSPECTION NOTICE NO.: _____ COMPANY'S INSPECTOR: _____ CONTRACTOR INSPECTOR: _____ SUBCONTRACTOR INSPECTOR: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	COMPANY	CONTRACTOR	SUBCONTRACTOR	/ /	/ /	/ /			
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<b><u>INSPECTION RESULTS</u></b> <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	<b><u>WITNESSED</u></b> <input type="checkbox"/> COMPANY <input type="checkbox"/> CONTRACTOR									
<b>CHECK LIST</b>										
<input type="checkbox"/> Check cables are routed in accordance with layout drawings. <input type="checkbox"/> Check cables for any physical damage. <input type="checkbox"/> Check all bends are within the specified limits. <input type="checkbox"/> Check cable is correctly loomed and segregated in accordance with specification. <input type="checkbox"/> Check cable are specified in project cable schedule. <input type="checkbox"/> Check cable markers.										
<b>REMARKS:</b>										

<b>FIELD INSPECTION REPORT</b>	ITP No.: _____ INSPECTION GR. _____ REPORT NO. _____ DATE _____									
INSPECTION TYPE  <b>SINGLE PAIR &amp; MULTICORE CABLE</b> (BY TRAY)	WORK No. _____ ITEM No. _____ LOCATION _____									
INSPECTION NOTICE NO.:	<b>SIGNATURE</b>									
COMPANY'S INSPECTOR:	<table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	COMPANY	CONTRACTOR	SUBCONTRACTOR	/ /	/ /	/ /			
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<p><b><u>INSPECTION</u></b></p> <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	<p><b><u>WITNESSED</u></b></p> <input type="checkbox"/> COMPANY <input type="checkbox"/> CONTRACTOR									
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<b>REMARKS:</b>										

Legend NA: Not Applicable