

**FIELD INSPECTION REPORT**  
Quality Control Form

ITP No.: \_\_\_\_\_  
 INSPECTION GR. \_\_\_\_\_  
 REPORT NO. \_\_\_\_\_  
 DATE \_\_\_\_\_

<b>INSPECTION TYPE:</b>	WORK No.	:	
	ITEM No.	:	
<b>ALIGNMENT(PLUMBING(ST.ST))</b>	LOCATION	:	
<b>SIGNATURE</b>			
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTRACTOR
COMPANY'S INSPECTOR:			
CONTRACTOR INSPECTOR:			
SUBCONTRACTOR INSPECTOR:			

NO.	COLUMN NO.	HEIGHT	PLUMBNESS(ACTUAL)		RESULT	REMARK
			EAST	NORTH		
1	A-1					
2	A-2					
3	A-3					
4	A-4					
5	A-5					
6	A-6					
7	A-7					
8	A-8					

