

Quality Assurance Inspection Checklist

Project Name

Location

Date

Inspector

| Inspection Item | Criteria | Pass | Fail | Comments |
|-----------------|----------|--------------------------|--------------------------|----------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

Additional Notes:

Inspector Signature

Date