

Quality Control Site Inspection Form

Project Name	<input type="text"/>	Date	<input type="text"/>
Location	<input type="text"/>	Inspection No.	<input type="text"/>
Inspected By	<input type="text"/>	Weather	<input type="text"/>

Inspection Details

Description of Work	<input type="text"/>
Specification/Standard	<input type="text"/>
Observations / Findings	<input type="text"/>
Action Required / Recommendations	<input type="text"/>

Items Inspected	Conforms	Non-Conforms	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

Inspected By (Signature):

Approved By (Signature):

Date: