Quality Control Pre-Inspection Checklist

Project Name:

Location:

Inspector Name:

Date:

Reference/Document No.:

Checklist Items

No.	Inspection Item	OK	NG	Remarks
1	Item/criteria to check	☐	☐	
2		☐	☐	
3		☐	☐	
4		☐	☐	
5		☐	☐	

Other Notes / Observations:

Inspector's Signature:

Date: