Date:

Contractor:

Contractor Inspector:

Location:

Inspection Type: [x] Initial Inspection [ ] Follow-Up Inspection

Attendees:

**Substrate:**

 **Y N N/A**

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**Materials**

 **Y N N/A**

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**Material Storage:**

 **Y N N/A**

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**Layout:**

 **Y N N/A**

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**Installation-**

**Y N N/A**

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**Testing:**

 **Y N N/A**

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**Miscellaneous:**

 **Y N N/A**

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**Items Requiring Corrective Action:**

**Re-inspection of Corrective Action:**

**Date of Re-inspection:**

 **Y N N/A**

**[ ]  [ ]  [ ]** All deficient items corrected?

**[ ]  [ ]  [ ]** Has the subcontractor been notified of the issues discovered at the inspection?

**Comments:**

**Signature of Quality Control Engineer:**