Inspection Report

Prime Order No.:	Report No.: Visit Date:
Prime Vendor: Shop Order No.:	Client:
Sub Vendor: Shop Order No.:	Jobsite Location:
Shop Location:	Authority Inspection:
Contacts:	Estimated date next visit:
Issuing Office:	
Inspector Name:	Signature:

			Vendor rating		
Action/ Clarification Required	☐ No.	☐ Yes/QC Memo attached	Organ.	Quality	Delivery
Non-conformities this visit	☐ No.	☐ Yes/Non-conformance report issued			
Vendor's QC Performance Unsatisfactory	☐ No.	☐ Yes/QC Memo attached			

Vendor's Promised Dates

Item No.:	Description:	Shop Ref. No.:	Original:	Last:	Current:	Insp. Assm't

Type of Inspection

☐ Materials ☐ Final ☐ Progressive ☐ Pre-inspection meeting

☐ Documentation ☐ Procedures ☐ Workmanship ☐ Tests

☐ Dimensions per DWG No.: ..... Issue .....

Results:

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