

# Inspection Record for Wall Insulation of Buildings

Record No.: \_\_\_\_\_

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	Building: _____

Reference document: \_\_\_\_\_

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
1.0 Completion of pre - insulation work				
2.0 Type of support				
3.0 Insulation material make/type/thickness				
4.0 Joint gaps				
5.0 Fitting edges, etc.				
6.0 Glueing				
7.0 Mechanical fixing				
8.0 Opening/accessoires				

H - Company's presence is mandatory for all activities in section.

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Attachments, No. of pages: \_\_\_\_\_

Accepted for Subcontractor	Accepted for Company	Accepted for Client
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____

\* Company only initials for holdpoint