

Inspection & Test Record for Boom Gates

Record No.: _____

Client: _____

Subcontractor: _____

Project No.: _____

Subcontract P.O. No.: _____

Project Name: _____

Barrier No.: _____

Reference document: _____

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
1.0 Model/make/serial number				
2.0 Fabrication/dimensions				
3.0 Painting/finish				
4.0 Installation and foundations				
5.0 Opening/closing by remote control				
6.0 Electrical cabling				
7.0 Check of insulation resistance, continuity and electrical operation				

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

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