Inspection & Test Record for Alignment of Belt-driven Rotating Equipment					
Client:		Subcontractor:			
Project No.:		Subcontract P.O. No.:			
Project Name:					
Additional information:		P.O. No.:			
Vendor: Items to inspect		Reference Document:			
		Subcontractor Company		Company	Remarks
		inspected initials/date	Hold Point	inspected* initials/date	
1.0 Pulley alignment Feeler gauge/straight edge of Straight ed Straight ed View from A1	top				
Adjust C to vendor's recommendation Cmm					
H - Company's presence is mandatory for all activities in section. h - Company's presence is mandatory.		Attachments, No. of			r pages:
Accepted for Subcontractor		Accepted for Company			Accepted for Client
Name: Name:					Name:
Signature: Signat		ure:			Signature:
Date:				Date:	

* Company only initials for holdpoint