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## OFFICE OF THE PLANNING AND DEVELOPMENT

						CTION REPORT			
Name of Project:					Date and Time of Inspection: Location:				
NO.	WORK DESCRIPTION	UNIT	QUANTITY	CONDITION OF THE SITE INSPECTED			RECOMMENDATIONS	ACTUAL PERCENTAGE OF	
				ОК	NOT OK	OBSERVATION	RECOIVINENDATIONS	ACCOMPLISHMENT	
Overall	Findings:								
				Insp	ection T	Feam Member:			
Signature over printed name Position/Designation							Signature over printed name Position/Designation		
Signature over printed name Position/Designation							Signature over printed name Position/Designation		
				Ins	pection	Team Leader			
						over printed name esignation			