



SITE INSPECTION REPORT

(as of _____)

Name of Project: _____

Date and Time of Inspection: _____

Location: _____

ITEM NO.	WORK DESCRIPTION	UNIT	QUANTITY	CONDITION OF THE SITE INSPECTED			RECOMMENDATIONS	ACTUAL PERCENTAGE OF ACCOMPLISHMENT
				OK	NOT OK	OBSERVATION		

Overall Findings:

Inspection Team 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

Inspection Team Leader

Signature over printed name
 Position/Designation