Punchlist No.: Punchlist Rev.: Date: Page of							
Client:			Subcontractor:			Discipline/Works/S	system/Equipment/Test Package:
Project No.	:		Subcontract/P.O. No.:				
Name of P	oject:						
Item No.	Identification/Location		Description	Priority No.	Date Corrected	Initials RB	Remarks
Punchlist prepared by					Punchlist sign off, corrective action accepted		
For RB* For c			or client*		For RB*		For Client*
Name:		Name:	Name:				Name:
Signature:		Signature:		Signature: Signature:		Signature:	
Date:		Date:	Date:			Date: Date:	

*Delete as required

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Attachment 2