

Inspection Record for Suspended Ceiling of Buildings

Record No.: _____

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	Building: _____

Reference document: _____

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
1.0 Support structure				
1.1 Type of support (concrete, structural steelwork)				
1.2 Acceptance of support				
2.0 Suspended ceiling				
2.1 Nature/make/model/color				
2.2 Size of elements (.....cm xcm x cm)				
2.3 Erection/suspension/joints				
2.4 Allowance for lighting fittings/HVAC/sprinklers				
2.5 Overall - finished ceiling, final inspection				

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