

SAMPLE PROJECT INSPECTION CHECKLIST

PROJECT - _____

ITEM	YES	NO	HOW MANY?
1. Are any devices missing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do any devices need repair?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all replaced or repaired?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are any lights (flashers, etc.) not functioning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were they all replaced or repaired?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are any devices improperly placed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all positions corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do any devices need cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all devices cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS ON THE BACK OF THIS FORM	<input type="checkbox"/>	<input type="checkbox"/>	

The above check was completed by _____
(name / title)

on _____ at _____ a.m. p.m.
(date) (time)

**Figure 6K-9
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