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| Project Name: | 6523 Charlestown Day Surgery | Inspection Date: |  |
|  | Level: |  |
| Drawing Number: |  | | |

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| **Unit Tag** | **Unit Model** | **Drain Test (Yes/ No)** | **Comment** |
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| **Sign Off** | **Name** | **Signature** | **Position** | **Date** |
| EQAC Representative |  |  |  |  |