

LINK TO PROCEDURE						
Temporary Works Procedure						
INSPECTION DETAILS						
Method Statement Number	Originator	Volume / System/ Category	Level / Location	Type	Role	Sequential Number
Contract/ Project Name						
Supplier/Subcontractor Name (If Applicable)						
Inspection & Test Plan Number						
Inspection Element Description						
Inspection Element Location						
ITP Reference/Item Number						
DRAWINGS/SPECIFICATIONS REFERENCE (LIST):						
List Inspections/Checks Carried Out		Acceptance Criteria (Tolerances)	Result Pass / Fail		Details of Result/Comments (If Fail, provide NCR Reference)	
1			<input type="checkbox"/>	<input type="checkbox"/>		
2			<input type="checkbox"/>	<input type="checkbox"/>		
3			<input type="checkbox"/>	<input type="checkbox"/>		
4			<input type="checkbox"/>	<input type="checkbox"/>		
5			<input type="checkbox"/>	<input type="checkbox"/>		
ADDITIONAL COMMENTS						
INSPECTION CARRIED OUT BY						
Name				Job Title		
Signature				Date		
IF APPLICABLE INSPECTION WITNESSED BY (CLIENT, THIRD PARTY, OTHER)						
Name				Job Title		
Signature				Date		
Company						