

(Your company logo, name and address)

**REQUEST FOR INSPECTION FORM**

(For client)

To: **PT. ASRI UTAMA IP&S**

Attention: Mr. Saefullah Ahmad

Menara 165, 4th floor

Jl. Let. Jend. TB. Simatupang Kav.1

Jakarta 12560 Indonesia

Tel: 0888 868 4000, Fax: 021 2296 5189

Date of issue: \_\_\_\_\_ Doc. No.: \_\_\_\_\_

Inspection Date:	
Detail Location:	

Project Name	
Equipment / Material Description	
Standard / Code	
<b>Type of Inspection</b>	<input checked="" type="checkbox"/> Quality Inspection <input type="checkbox"/> Expediting <input type="checkbox"/> NDT <input type="checkbox"/> Assessments <input type="checkbox"/> Auditing <input type="checkbox"/> Survey <input type="checkbox"/> Other: _____

Contact Person	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
Phone Number	(+62)
Fax Number	(+62)
e-mail Address	

**Detail of material / equipment to be inspect:** *(please use separated pages if needed)*

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Requested by :  
Position :  
Sign and Stamp :