

Dam:	Inspection Title:	Revision:
dam		
Dam Safety Engineer:	Inspector:	Submitted Date:
title		
value		
text area name		
Lorem		
latitude:193 longitude:193		
Numerical Value		24
comment xxx		
Radio Button Question:		<input checked="" type="radio"/> 24
Dropdown List:		Option 3
Checkbox:		<input checked="" type="checkbox"/> value2 <input checked="" type="checkbox"/> value2
Custom field question:Type name:		
	R1	<input type="text" value="test"/> Value
	R1	<input type="text" value="test"/> Value
Commmment: oifjsoj		