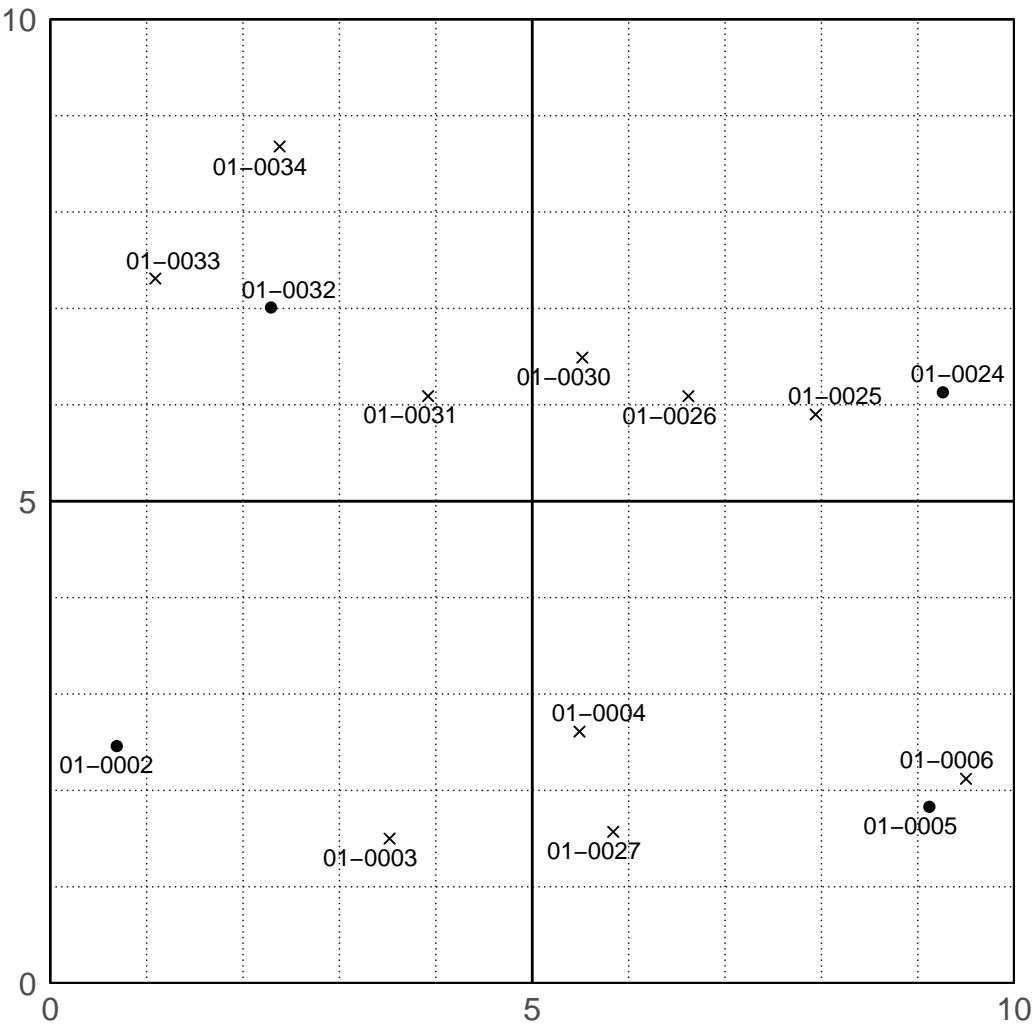# Site Name, YYYY. Q. A01

Checking: _____ Checked date: _____
Recording: _____
Measuring: _____ Measurement date: _____

● alive × other
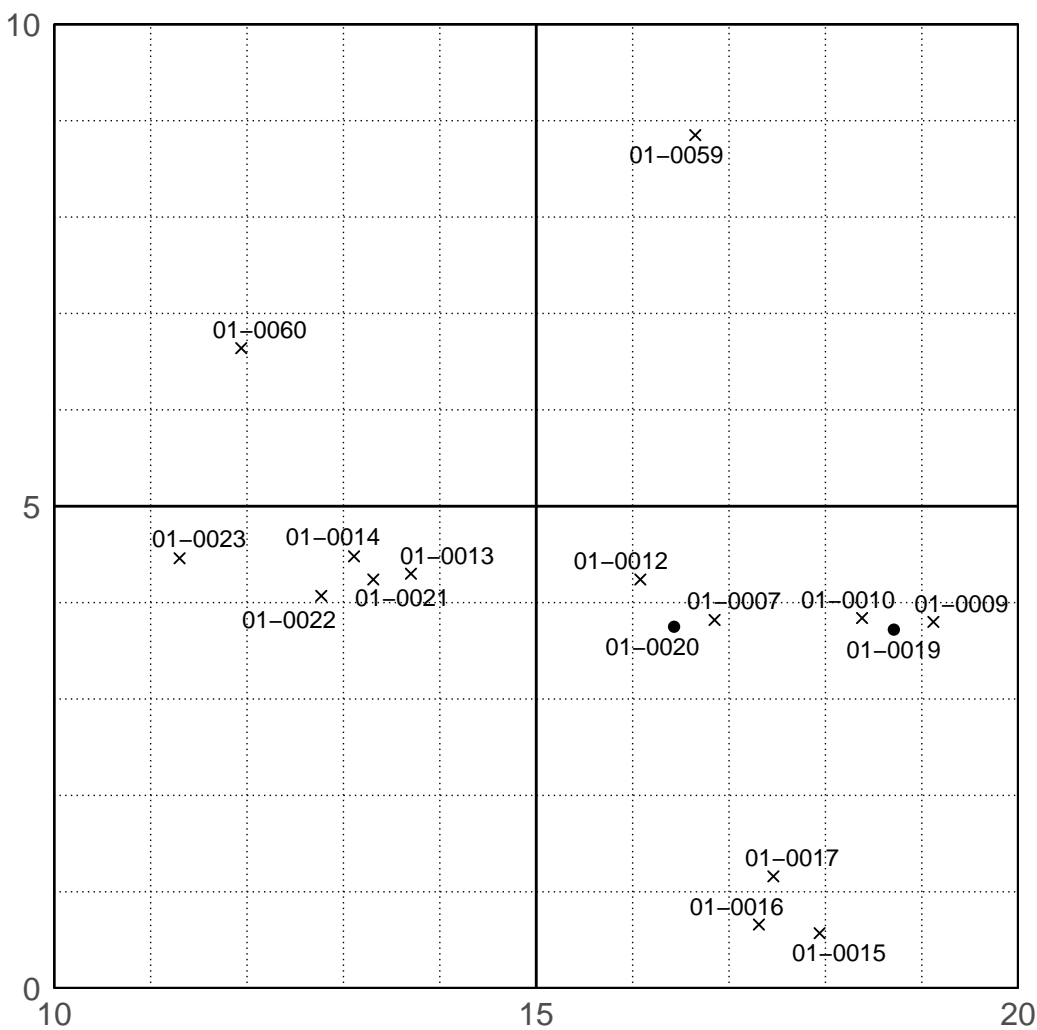
Site Name, YYYY. Q. A01

Checking: _____ Checked date: _____
Recording: _____
Measuring: _____ Measurement date: _____
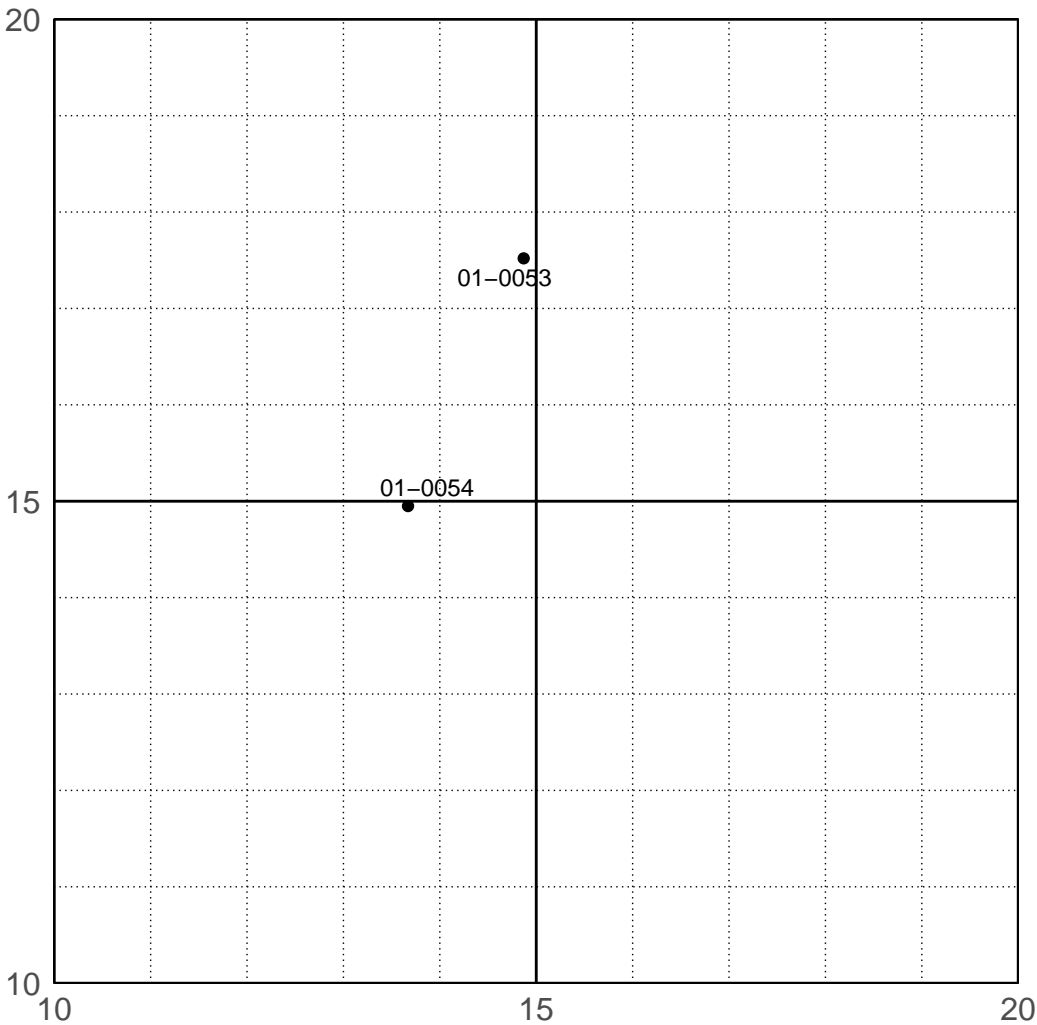
● alive × other

Site Name, YYYY. Q. A01

Checking: _____ Checked date: _____
Recording: _____
Measuring: _____ Measurement date: _____

● other

Site Name, YYYY. Q. A01

Checking: _____ Checked date: _____
Recording: _____
Measuring: _____ Measurement date: _____

● alive   × other