

Commercial Building Quality Control Inspection

Project Information

Project Name

Location

Client

Inspector

Date

Time

Inspection Areas & Findings

Area/Item	Acceptable	Deficiency	Comments
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Action Required

Additional Notes

Inspector Signature

Client/Representative Signature
