

Fireproofing Application Inspection Checklist

Project Name

Inspector Name

Date of Inspection

Area / Location Inspected

Checklist

Item	Status (Yes/No/N/A)	Comments
Substrate surface clean and prepared	<input type="text"/>	<input type="text"/>
Damaged areas repaired	<input type="text"/>	<input type="text"/>
Thickness meets specification	<input type="text"/>	<input type="text"/>
Adhesion/Bond test satisfactory	<input type="text"/>	<input type="text"/>
Equipment free from overspray	<input type="text"/>	<input type="text"/>

Observations / Additional Comments

Inspector Signature

Date Completed