

# Fireproofing Application Quality Inspection Form

Project Name

Project Location

Inspection Date

Inspector Name

Fireproofing Contractor

Area/Location Inspected

Fireproofing Material Specified

Material Manufacturer

## Inspection Checklist

Description	Pass	Fail	Remarks
Surface Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thickness Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Adhesion Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Curing/Drying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Coverage and Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**Notes / Additional Comments**

**Inspector Signature**

**Date**