

Interior Finishes Quality Control Assessment Form

Project Information

Project Name

Location

Date

Inspected By

Assessment Details

Finish Type	Location/Area	Specification	Condition	Observations	Pass/Fail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Comments & Recommendations

Inspector Signature

Date

