

Plumbing System Construction QC Report

Project Name: _____

Location: _____

Date: _____

QC Report No.: _____

Contractor Information

Contractor Name: _____

Contact Person: _____

Phone: _____

Inspection Details

Inspection Date: _____

Inspected By: _____

Scope of Inspection

Materials Used

Material Description	Type	Size	Quantity	Remarks

Test & Inspection Results

Test/Inspection	Acceptance Criteria	Result	Remarks

Comments & Observations

Non-Conformance Report (If Any)

Description	Action Taken	Status

QC Inspector

Site Engineer

Contractor