Finishing Work Site Quality Inspection Form

Project Name

Location

Date

Inspected By

Inspection Checklist

No.	Finishing Item	Specification/Comments	Status (OK/Not OK)	Remarks
1	Wall Plaster/Surface			
2	Paint Finish			
3	Tile Work			
4	Ceiling Finish			
5	Door/Window Installatic			

Defects / Non-conformities Noted

Recommendations / Corrective Actions

Inspector Signature

Date Signed