

Ceiling Finish Inspection Punch List

Project Name: _____

Location / Room: _____

Date: _____

Inspector: _____

Contractor: _____

#	Item / Location	Observed Deficiency	Required Correction	Completed (âœ“)
1				
2				
3				
4				
5				

Inspector Signature: _____

Date: _____

Contractor Signature: _____

Date: _____