

Finishes Quality Control Checklist

Project Name

Location

Date

Inspected By

Contractor

Checklist Items

#	Description	Yes	No	Remarks
1	Floor finish installed as per specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	Wall finishing uniform and free from defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Joints and corners properly finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Ceiling finish complete and even	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Doors, windows, and frames installed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	Paint and coatings as specified, with no defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7	Fixtures and fittings secured and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8	Final cleaning performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General Remarks

Enter additional comments or observations

Inspector's Signature

Date