

CAMPANY NAME
ANTI TERMITE TREATMENT INSPECTION REPORT

Project		xyz			
Client		ABC			
Report No.		Date of Inspection			
Location of work		Ref.Drawing No.			
Work done TIME : from to					
S.No.	Description of Activity	YES	NO	N/A	Remarks
01	Approval of Antitermite treatment agency				P.O REF
02	Approval of methodolgy for antitermite teatment and brand of chemical				TENDER/ MANUSPEC
03	External Testing of antitermite chemical(Chloropyriphos) done and found o.k				
04	Antitermite Chemical brought to site in sealed container and expiry date of the same checked				
05	Surface preparation for application is o.k				
06	Application done as per Technical Spec/Methodology/I S Code				
07	Consumption of chemical cross checked and cosumption register maintained				
CIPL ENGINEER			CLIENT ENGINEER		
Name		Name			
Sign		Sign			
Date		Date			