

**SAMPLE  
PROJECT INSPECTION CHECKLIST**

**PROJECT - \_\_\_\_\_**

ITEM	YES	NO	HOW MANY?
1. Are any devices missing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do any devices need repair?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all replaced or repaired?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are any lights (flashers, etc.) not functioning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were they all replaced or repaired?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are any devices improperly placed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all positions corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do any devices need cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all devices cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS ON THE BACK OF THIS FORM	<input type="checkbox"/>	<input type="checkbox"/>	

The above check was completed by \_\_\_\_\_  
(name / title)

on \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(date) (time)

**Figure 6K-10  
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