NORTHERN ARIZONA UNIVERSITY
Facility Services

INSPECTION REPORT CARD – FORM FS # 15A

Project #:	**Project Name:**		
Building #:	**Area:**	**NAU PM**	
Date called:	**Time called:**	**Trade:** Electrical	**Inspection Code:**
Date needed:	**Requested by (company/ contact name& phone number):**		**Inspection Type:** N/A (pressure/ visual/ re-inspection)
Date inspected:	**Time inspected:**	**Inspector name:**	

Area inspected:

Floor #:

Gridlines (one direction):

Gridlines other direction):

Item #/ Equipment	Location/ Room #	Comments	Inspector Initial
Pressure Test:	Start Time: _____ Finish Time: _____	Beginning Pressure: _____ Ending Pressure: _____	

Inspection Results: ☐ Approved ☐ Approved with Actions ☐ Rejected

_____

_____

Inspector Signature: _____

Formal Report to follow: ☐ YES ☐ NO (circle) **Additional Page attached:** ☐ YES ☐ NO (circle)

ON SITE NOTIFICATION TO:

_____

Distribution: Contractor: (yellow) _____ NAU Work Control (original)_____

Form # 15A last updated on 07-30-2015