**Document No. CIPET/QF/7741 – Format for Inspection Reports**

Name of the Inspecting Official: __________________________

Code No. : __________________________

**INSPECTION REPORT**

1. Ref. No.: CIPET/AAA/YY-YY/XXX
   [AAA – W.O. Centre Code, YY-YY – FY, xxx – Work Order (W.O.) no. or serial no.] : Date:________________

2. Name of the Indenter / Consignee with detailed address : __________________________

3. Indenter Order No. & Date and Extension (if any) : __________________________

4. Details of the Consignee : __________________________

5. Name of the Supplier / Contractor : __________________________

6. Supplier Order No. & Date (if any) : __________________________

7. Name and address of the Manufacturer / Inspection site : __________________________

8. Manufacturer / Supplier Inspection Call Letter No. & Date : __________________________

9. PDI Cell Assignment No. & Date : __________________________

10. Date of inspection : Initiated on: __________________________ Completed on: __________________________

11. Any other information : __________________________

**DETAILS OF THE STORES**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Description of the items</th>
<th>Quantity as per order</th>
<th>Quantity inspected earlier (Cumulative)</th>
<th>Quantity offered for Inspection</th>
<th>Quantity Accepted</th>
<th>Quantity Rejected</th>
<th>Quantity Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks: All accepted items are stamped thus-

1. Certified that the items as detailed above have been inspected and accepted. The accepted items may be dispatched to the consignee. The Inspection Document Nos. _______________ dated __________ are enclosed.

2. This inspection report is valid for 30 days and any Dispute/discrepancies/claims may be brought to the notice of the undersigned within 30 days from the date of issue of this report.

**AUTHORIZED SIGNATORY**

(Name and code of the Inspector)

CC: 1. All concerned consignees / Supplier
2. Name of the Manufacturer
3. CIPET, W.O. Centre