

Light Current Material Inspection Form

Space Name	
Space Number	
Date	---- / ---- / 20--
Discipline	LIGHT CURRENT WORKS

Material

Fire Alarm System	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
	Comments:
Fire Alarm Cables	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
	Comments:
Data System Components	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
	Comments:

Data Cabling	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
	Comments:

CCTV System	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
	Comments:

Another LC System if Requested from DWGs Approver	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
	Comments:

SIGNATURES

Inspected By

Signature

Date ---- / ---- / 20--