



Plant Inspection Register:

Item of Plant: _____

Identification Number: _____

Supplier: _____

Contract Start Date: _____

Site Supervisor: _____

Week 1	Shift Inspection (Time)			Supervisor	Corrective Actions
	Start	Mid	End		
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Week 2	Shift Inspection (Time)			Supervisor	Corrective Actions
	Start	Mid	End		
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Week 3	Shift Inspection (Time)			Supervisor	Corrective Actions
	Start	Mid	End		
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Week 4	Shift Inspection (Time)			Supervisor	Corrective Actions
	Start	Mid	End		
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Week 5	Shift Inspection (Time)			Supervisor	Corrective Actions
	Start	Mid	End		
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					