

# ELECTRICITY PROJECTS CONTROL FORM

FORMAT NO.:

LOCATION NAME: \_\_\_\_\_

PROJECT START DATE & TIME: \_\_\_\_\_

PROJECT END DATE & TIME: \_\_\_\_\_

MATERIAL USED	QTY	DESCRIPTION

Time	Day – 01	Day – 02	Day – 03	Day – 04	Day – 05	Day – 06	Day - 07
Reference Time:							
End Time:							
Work Done:							
Nos. of Peoples Worked in:							

TOTAL TIME SPEND – HOURS / WORK MEN

CONTROL MEASUREMENTS	ACCEPT	REJECT	REASON FOR NON-COMPLIANCE

_____ <b>CONTROL - SIGNATURE</b>	_____ <b>CHECKED BY - SIGNATURE</b>
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