

GYPSUM PLASTER QUALITY CONTROL CHECKLIST

Date: _____ Temperature: _____ Project #: _____
Project Name: _____
Project Manager: _____
Floor / Area Worked: _____

Table with 3 columns: Category (Pre-Plaster, Scratch, Brown, Finish), Description (1-7 items), Foreman, and Q. C. Sign-off. Each row has a corresponding line for signature.

Comments:

Foreman's Signature

Quality Control Sign-Off

Inspection Request #

