

LATHING QUALITY CONTROL CHECKLIST

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

Table with 3 columns: Item description, Foreman, and Q. C. Sign-off. Contains 19 numbered items related to lathing and waterproofing.

Comments:

Foreman's Signature

Quality Control Sign-Off

Inspection Request #

