

Inspection Request Form

DOCUMENT No.

## TIDD-GI-F.18-02

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	Date:
From	
Name and Address:	
<u>To:</u>	
MGI/TIDD Area Manager/Inspector (Station):	
Please inspect the product as described below:	
Ref. No. and Date Quantity: (Specification sheet, etc.)	
Contract Number (if any)	
Product	
$\Box$ Logs $\Box$ Lumber $\Box$ Moulding $\Box$ Veneer $\Box$ Plywood $\Box$ Other (Specify):	
Purpose of inspection (Tick) $\square$ Export $\square$ Domestic $\square$ Import $\square$ New T	imber Processing Mill

## **REQUESTED BY:**

Name:	Designation	 	•••

 Signature:
 Phone Number/ Email

## NOTE: CLIENTS HAVE THE RIGHT TO COMPLAINT IF NOT SATISFIED WITH OUR INSPECTION BY FILLING COMPLAINTS FORM, THROUGH PHONE, EMAIL, LETTER, FAX ETC.

TIDD is committed to providing impartial high quality inspection services to all organizations without discrimination.