

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.