



## VERIFICATION INSPECTION RESULT

(for D. O. 174 Applicant)

Name of Contractor/Sub-Contractor : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contract Person : \_\_\_\_\_  
Contact Number : \_\_\_\_\_

Please check and write specific findings:

1. Facilities, tools and equipment are present/intact in the office premises/work area and/or proofs of ownership are presented at the time of inspection.

Yes.

No. Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Office is established, accessible and can be located.

Yes.

No.

3. Other observation/s: \_\_\_\_\_  
\_\_\_\_\_

Inspection conducted by:

\_\_\_\_\_  
DOLE Officer

Date: \_\_\_\_\_

