LIST OF TOOLS

(As listed in the respective TR)

Program: Name of TVI/Company:

Name of Tools (1)	Specification (2)	Quantity Required (3)	Quantity on Site (4)	Difference (5)	Inspector's Remarks (6)
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Note: Columns 1-4 to be filled out by Institution/Company; Columns 5-6 to be filled out by PO/Expert Continue in additional sheet

Submitted by:	Attested by:	
TVI/Company Representative Date:	TVI/Company Head Date:	
Inspected by:		
PO UTPRAS Focal Person Date:	Expert Date:	