LIST OF OFF-CAMPUS PHYSICAL FACILITIES

Program: Name of TVI/Company:

Facility	Description	Quantity	Inspector's Remarks
			+

Note: Columns 1-4 to be filled out by Institution/Company Continue in additional sheet

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