



DEIS       CONTROL INSPECTION

1. FACILITY NO.	2. COST ACCOUNT NO.	3. F.A.C.	4. CATEGORY CODE	5. FUNCT. ACCT. NO.	6. L.M.C.	7. DATE SCHED: _____ ACT.: _____	8. MGR. INSPECTION BR.	
							INITIAL	DATE

9. DESCRIPTION AND LOCATION

10. INSPECTION

11. INSPECTION TIME USED

12. SHEET NO.  
OF

**13. DESCRIPTION OF ITEM AND DEFICIENCY**

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