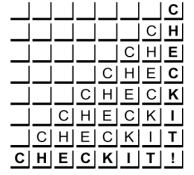


A B C D E F G
H I J K L M N
O P Q R S T U
V W X Y Z

Project Quality Report



Report No:	Date:	Prep. By:
Job Name:		Job No:

Circle the Checklist letter above

No.	Action this reporting period	Action required	Date completed
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