

(Letterhead)

(Date)

NOTICE OF INSPECTION
Contract Management Division

TO : _____

Dear _____:

This notice of inspection is hereby issued to your firm in connection with your attached request for **[pre-delivery inspection or inspection (whichever is applicable)]** dated _____.

Attached for your reference are the copies of designations of inspectors dated _____, _____, and _____, for the **[pre-delivery inspection/inspection (whichever is applicable)]**.

The particulars of the **[pre-delivery inspection/inspection]** are as follows:

Project Name : _____
Contract No. : _____
Total Contract Price: _____
Date and Time of Inspection: _____
Inspection Site: _____
Items for Inspection:

| Item No. | Item Description | Requested Quantity for Inspection |
|-----------------|-------------------------|--|
| | | |

Chief Administrative Officer/
Supervising Administrative Officer

PRE-DELIVERY INSPECTION/INSPECTION REPORT

| Supplier: | | | | |
|---|-------------------------|---------------------------------------|-----------------|--|
| Project Title: | | | | |
| Contract No.: | | | | Lot No: |
| Inspection Order Ref. No. & Date: | | | | Date of Inspection: |
| Inspection Technique used: <input type="checkbox"/> By Item (100%) <input type="checkbox"/> By Sampling Sampling Type: <input type="checkbox"/> Simple Random <input type="checkbox"/> Interval <input type="checkbox"/> Cluster <input type="checkbox"/> Stratified Random Sample Size (%): _____ RQL (%): _____ | | | | |
| Item No. | Item Description | Unit of Measurement | Quantity | Remarks (indicate also if passed/failed) |
| | | | | |
| Notes, if any: | | | | |
| Inspection Team (Signature over Printed Name) | | | | |
| _____ Member, Asset Management Division | | _____ Team Leader, (End-user Unit) | | |
| _____ Member, Accounting Division | | _____ Member, (End-user Unit) | | |

Conforme: (Signature over Printed Name)

Supplier's Representative
(indicate name of firm)

(End-user Unit Letterhead)
SAMPLING PLAN

Project:

Contract No.:

Description:

Supplier:

Sampling Technique:

Lot No.:

Schedule of Inspection:

| No. | Item Description | Total Contracted Quantity | Requested Quantity for Inspection | Sample Size (rate & quantity) | Rejectable Quality Level (RQL) (rate & quantity) | Remarks |
|-----|------------------|---------------------------|-----------------------------------|----------------------------------|---|---------|
| | | | | | | |

Notes:

Prepared by:

Approved by:

 Designation
 (Signature over Printed Name)

 Designation
 (Signature over Printed Name)

(Letterhead)

(Date)

DESIGNATION OF INSPECTORS

(End-user Unit)

INSPECTION TEAM:

1. Team Leader: _____
Plantilla Item: _____
2. Member: _____
Plantilla Item: _____
3. Member: _____
Plantilla Item: _____

The above-named personnel are hereby designated inspection team members, pursuant to DepEd Order No. ____ s. 2023 to conduct **[pre-delivery inspection (PDI)/inspection (whichever is applicable)]** of the goods supplied by the **[Supplier]**.

The particulars of the **[pre-delivery inspection/inspection]** are as follows:

Project Name : _____
 Contract No. : _____ Lot No.: _____
 Total Contract Price: _____
 Requested Date and Time of Inspection: _____
 Inspection Site: _____
 Items for Inspection:

| Item No. | Item Description | Requested Quantity for Inspection |
|----------|------------------|-----------------------------------|
| | | |

The **technical specifications** of the goods/items herein mentioned, **Inspection Protocol**, and the **Sampling Plan** are attached for reference.

 Director/Chief of Division

Encl.: as stated

(Letterhead)

(Date)

DESIGNATION OF INSPECTORS
(Accounting Division/AMD)

INSPECTION TEAM:

1. Member: _____
Plantilla Item: _____

2. Member: _____
Plantilla Item: _____

The above-named personnel are hereby designated inspection team members, pursuant to DepEd Order No. ____ s. 2023 to conduct **[pre-delivery inspection (PDI)/inspection (whichever is applicable)]** of the goods supplied by the **[Supplier]**.

The particulars of the **[pre-delivery inspection/inspection]** are as follows:

Project Name : _____
Contract No. : _____ Lot No.: _____
Total Contract Price: _____
Requested Date and Time of Inspection: _____
Inspection Site: _____
Items for Inspection:

| Item No. | Item Description | Requested Quantity for Inspection |
|-----------------|-------------------------|--|
| | | |

Director/Chief of Division

Transmittal Summary of IARs/DRs

Annex "F"

Region: _____

Division: _____

Name of Supplier: _____ Contract Number: _____ Billing Statement No.: _____

Project Name: _____ Number of Billing: _____ Total Amount of Billing: **₱0.00**

Instruction: Please fill-out this form the same sequence as the transmitted IARs & DRs. One (1) sheet per billing per contract per Schools Division Office, add row if necessary.

| Seq. No. | School ID | School Name | DR No. | Description/ Particulars | Quantity | Unit of Measure | Inspection and Acceptance Report | | | | Delivery Receipt | | | To be filled out by End-User | |
|----------|-----------|-------------|--------|--------------------------|----------------|-----------------|----------------------------------|--------------------------|--------------------|-------------|------------------|--------------|--------|------------------------------|------------|
| | | | | | | | Date of Inspection | No. of Inspectorate Team | Date of Acceptance | Received by | Date of Receipt | Received by | Amount | IAR Remarks | DR Remarks |
| 001 | | | | | | | | | | | | | | | |
| 002 | | | | | | | | | | | | | | | |
| 003 | | | | | | | | | | | | | | | |
| 004 | | | | | | | | | | | | | | | |
| 005 | | | | | | | | | | | | | | | |
| | | | | | TOTAL QUANTITY | 0 | | | | | | TOTAL AMOUNT | - | | |

| | PREPARED BY | VERIFIED BY: (End-User Portion) |
|--------------------------|-------------|---------------------------------|
| SIGNATURE | | |
| PRINTED NAME | | |
| DESIGNATION | | |
| EMAIL ADDRESS | | |
| MOBILE NUMBER/OFFICE NO. | | |
| DATE | | |