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| 1. ***All ITR documents to be completed & witnessed by competent person/s.***
2. ***Compliance to be achieved to contract requirements and all latest versions of applicable standards.***
 |
| **1. REFERENCE INFORMATION** |
| **INSPECTION DATA** | **ASSET DATA** |
| PROJECT NAME: | MANUFACTURER: |
| LOCATION: | MF SERIAL NO: |
| INSPECTION DATE: | WC FLER / TAG NO: |
| INSPECTOR NAME: | TYPE / MODEL NO / SIZE: |
| PROJECT / CONTRACT NO: | DESIGN CRITERIA:SPS 226 – Dual Plate Non-Return Valves |
| ATTENDEES: |

| **2. INSPECTION** | **YES** | **NO** | **N/A** | **COMMENTS / DETAILS** |
| --- | --- | --- | --- | --- |
| ***GENERAL*** |
| 1 | Visually inspect valve installation and verify correct installation as per Manufacturer’s recommendations. | [ ]  | [ ]  | [ ]  |  |
| 2 | Confirm that valve location is correct as per drawings. | [ ]  | [ ]  | [ ]  |  |
| 3 | Verify correct orientation / direction of flow for installed valve. | [ ]  | [ ]  | [ ]  | Valve to be installed with the shaft in the vertical plane. |
| 4 | Valve support adequate? | [ ]  | [ ]  | [ ]  |  |
| 5 | Adjacent pipework supported independently of valve? | [ ]  | [ ]  | [ ]  |  |
| ***BOLT UP*** |
| 6 | Check that mating flanges are flat, clean and free of irregularities. | [ ]  | [ ]  | [ ]  |  |
| 7 | Verify gasket material and thickness. | [ ]  | [ ]  | [ ]  | Material: CMF [ ] EPDM [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thickness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm |
| 8 | Confirm all bolts installed on valve and that bolt sizes, material and grade are correct. | [ ]  | [ ]  | [ ]  | Size: \_\_\_\_\_\_\_\_ Material: \_\_\_\_\_\_\_\_\_\_Grade: 4.6 [ ]  8.8 [ ]  Other:\_\_\_\_\_\_\_ |
| 9 | Confirm that associated nut grade is correct. | [ ]  | [ ]  | [ ]  | Grade: 5 [ ]  8 [ ]  Other\_\_\_\_\_\_\_\_\_\_ |
| 10 | Confirm correct protrusion of bolt threads past nut. | [ ]  | [ ]  | [ ]  | Protrusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11 | Confirm correct bolt tightening sequence has been followed. | [ ]  | [ ]  | [ ]  |  |
| 12 | Verify bolt torque complies with DS 38-02 and Supplier’s requirements. | [ ]  | [ ]  | [ ]  | Required bolt torque: \_\_\_\_\_\_\_\_\_\_NmActual bolt torque: \_\_\_\_\_\_\_\_\_\_\_\_Nm |
| 13 | Verify that torque wrench / machine used is calibrated. | [ ]  | [ ]  | [ ]  | Calibration certificate date: |
| 14 | If required by design, verify that flange isolation materials have been installed correctly. | [ ]  | [ ]  | [ ]  |  |
| 15 | Verify that bonding link(s) have been installed correctly. | [ ]  | [ ]  | [ ]  |  |
| ***ISOLATING JOINTS (IF REQUIRED FOR DISSIMILAR METALS OR CATHODIC PROTECTION ISOLATION)*** |
| 16 | Check that correct isolating bolt sleeves and washers have been installed. | [ ]  | [ ]  | [ ]  |  |
| 17 | Verify that flange to flange isolation is acceptable. | [ ]  | [ ]  | [ ]  |  |

| **3. TESTING** | **YES** | **NO** | **N/A** | **COMMENTS / DETAILS** |
| --- | --- | --- | --- | --- |
| 1 | Open / close operation satisfactory if possible? | [ ]  | [ ]  | [ ]  |  |
| 2 | Final position of valve correct? | [ ]  | [ ]  | [ ]  | Open [ ]  Closed [ ]  |

| **4. REMARKS / REMEDIAL / FOLLOW UP ACTIONS** | **ACTION BY** | **TARGET DATE** | **STATUS** |
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| **5. SIGNOFFS** |
| NAME (PRINT) | COMPANY / ROLE | SIGNATURE | DATE |
| NAME (PRINT) | COMPANY / ROLE | SIGNATURE | DATE |
| NAME (PRINT) | COMPANY / ROLE | SIGNATURE | DATE |