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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 214 – Double Check Valves  SPS 215 – Reduced Pressure Zone Devices |
| 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. |  |  | |  | |  |
| 4 | Valve support adequate? |  |  | |  | |  |
| 5 | Adjacent pipework supported independently of valve? |  |  | |  | |  |
| 6 | Local upstream and downstream isolation available for valve? |  |  | |  | |  |
| 7 | Confirm test points and relief valve outlet (for RPZ devices) is accessible and free of obstruction. |  |  | |  | |  |
| 8 | Confirm the RPZ complies with AS 3500 requirements. |  |  | |  | | Checks to include:   1. 300mm above ground from under side of relief drain of RPZ valve. 2. Not to be in an enclosure to allow ease of testing and leak detection, e.g. installed external to dosing panels. 3. Protected from damage / theft, e.g. installed in a cage. 4. To be tested and certified by competent Plumber with RPZD accreditation / training. 5. When installed in a chemical dosing module a tundish to be placed under relief drain to direct discharge safely away and preventing pooling. |
| ***BOLT UP*** | | | | | | | |
| 9 | Check that mating flanges are flat, clean and free of irregularities. |  |  | |  | |  |
| 10 | Verify gasket material and thickness. |  |  | |  | | Material: CMF EPDM  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thickness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mm |
| 11 | Confirm all bolts installed on valve and that bolt sizes, material and grade are correct. |  |  | |  | | Size: \_\_\_\_\_\_\_\_ Material: \_\_\_\_\_\_\_\_\_  Grade: 4.6  8.8  Other:\_\_\_\_\_\_\_ |
| 12 | Confirm that associated nut grade is correct. |  |  | |  | | Grade: 5  8  Other\_\_\_\_\_\_\_\_\_\_ |
| 13 | Confirm correct protrusion of bolt threads past nut. |  |  | |  | | Protrusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14 | Confirm correct bolt tightening sequence has been followed. |  |  | |  | |  |
| 15 | Verify bolt torque complies with DS 38-02 and Supplier’s requirements. |  |  | |  | | Required bolt torque: \_\_\_\_\_\_\_\_\_\_Nm  Actual bolt torque: \_\_\_\_\_\_\_\_\_\_\_\_Nm |
| 16 | Verify that torque wrench / machine used is calibrated. |  |  | |  | | Calibration certificate date: |
| 17 | If required by design, verify that flange isolation materials have been installed correctly. |  |  | |  | |  |
| 18 | Verify that bonding link(s) have been installed correctly. |  |  | |  | |  |
| ***ISOLATING JOINTS (IF REQUIRED FOR DISSIMILAR METALS OR CATHODIC PROTECTION ISOLATION)*** | | | | | | | |
| 19 | Check that correct isolating bolt sleeves and washers have been installed. |  |  | |  | |  |
| 20 | Verify that flange to flange isolation is acceptable. |  |  | |  | |  |

| **3. TESTING** | | **PASS** | **FAIL** | **N/A** | **COMMENTS / DETAILS** |
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| 1 | Open / close operation satisfactory if possible? |  |  |  |  |
| 2 | Final position of valve correct? |  |  |  | Open Closed |

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| **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 |