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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 PRELIMINARIES** | | **YES** | **NO** | **N/A** | **COMMENTS / DETAILS** |
| 1 | “Punchlist” reviewed and free of significant defects preventing asset pre-commissioning? |  |  |  |  |

| **3. & 4. INSPECTION & TESTING** | | | **YES** | **NO** | **N/A** | **COMMENTS / DETAILS** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Confirm licensed plumber has completed all checks to AS 2845.3 and associated certification has been provided. |  | |  |  | |  |

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| **5. REMARKS / REMEDIAL / FOLLOW UP ACTIONS** | **ACTION BY** | **TARGET DATE** | **STATUS** |
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| **6. SIGNOFFS** | | | |
| NAME (PRINT) | COMPANY / ROLE | SIGNATURE | DATE |
| NAME (PRINT) | COMPANY / ROLE | SIGNATURE | DATE |
| NAME (PRINT) | COMPANY / ROLE | SIGNATURE | DATE |