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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 241 - Inline (Axial) Control Valves |
| ATTENDEES: | |

| **2. INSPECTION** | | **YES** | | **NO** | | **N/A** | **COMMENTS / DETAILS** |
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| ***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 | Number of straight pipe diameters provided upstream and downstream of valve correct? |  |  | |  | |  |
| 5 | Valve support adequate? |  |  | |  | |  |
| 6 | Adjacent pipework supported independently of valve? |  |  | |  | |  |
| 7 | Local upstream and downstream isolation available for valve? |  |  | |  | |  |
| 8 | Ensure inspection / access covers clear of obstructions. |  |  | |  | |  |
| ***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 torques comply 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 date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 17 | If required, verify that flange isolation materials have been installed correctly. |  |  | |  | |  |
| 18 | Verify that bonding link(s) have been installed correctly if applicable. |  |  | |  | |  |
| ***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** | | **YES** | | **NO** | | **N/A** | **COMMENTS / DETAILS** |
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| ***APPLIES TO MANUAL VALVES AND MANUAL OVERIDE OF ELECTRICALLY ACTUATED VALVES*** | | | | | | | |
| 1 | Confirm that the valve starting position is closed. Close the valve if not already so. |  |  | |  | |  |
| 2 | Slowly open and close the valve fully to confirm smooth valve operation and that the required force is not excessive. |  |  | |  | |  |
| 3 | Confirm that the valve position indication is correct. |  |  | |  | |  |
| 4 | Verify the direction of rotation to close. |  |  | |  | | Direction of rotation to close:  Anti-clockwise  Clockwise |
| 5 | Count the number of turns between fully open and fully closed. |  |  | |  | | Number of turns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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 |