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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 230 – Rapid Response 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. |  |  | |  | |  |
| 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: \_\_\_\_\_\_\_\_\_\_Nm  Actual 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** | | **PASS** | **FAIL** | **N/A** | **COMMENTS / DETAILS** |
| --- | --- | --- | --- | --- | --- |
| 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 |