

Inspection & Test Checklist E004 Management (QA) System ISO9001

Client: CPB		Project Name: PIT	T STREET – OSD NORT	Job No: NE	C00127	Sheet:	1 Of 4	
Contract Manager: BRETT LAVORATO		Project Manager:	DAVID WATTS	Site Supervisor: JOE FENECH			Date:	24/11/22
Check Authorised By: DAVID WATTS		Signature:	DW	Check Delegated To: Site Supervisor Signature		Signature	•	

INSPECTION AND TEST CHECKLIST FOR: DISTRIBUTION BOARDS

Note - To be completed on a floor by floor basis

DB NUMBER	PRE-RE Confirm All W	EQUISITE WO		INSTA Completion Distribu	ALLATION CH n of "Visual In tion Board" C	ECKS spection of neck list	VISUAL INSPECTION Complete Visual inspection immediately prior to testing				
	COMPLETE YES/NO	CHECK BY	DATE	COMPLETE YES/NO	CHECK BY	DATE	NO DAMAGE YES/NO	SUFFICIENT SUPPORTS YES/NO	CORRECT LABELING YES/NO		

COMMENTS: (Including test instrumentation details)

NCR No:

FINAL ACCEPTANCE:	NAME	SIGNATURE	POSITION	APPROVED (YES/NO)	DATE
HEYDAY GROUP					
CLIENT (REPRESENTATIVE)					
AUTHORITY (IF APPLICABLE)					



Inspection & Test Checklist E0030 Management (QA) System ISO9001

Client: CPB		Project Name: PIT	T STREET – OSD NORT	Job No: NE	C00127	Sheet:	2 Of 4	
Contract Manager:	BRETT LAVORATO	Project Manager:	DAVID WATTS	Site Supervisor:	te Supervisor: JOE FENECH			24/11/22
Check Authorised By:	DAVID WATTS	Signature:	DW	Check Delegated To:	Site Supervisor Signature:		•	

INSPECTION AND TEST CHECKLIST FOR: DISTRIBUTION BOARDS

DB NUMBER	AS/NZ	'S 3017:2007 Insul	ation resistance te	sts are necessary t	to ensure that the ir	nsulation resistance The insul	INSULATION be between all live cation resistance s	RESISTANCE onductors and eart shall be not less th	h or, as the case m	nay be, all live part	s and earth is adequ	uate to ensure the integrity of the insulation.
	R-W	R-B	W-B	R-N	W-N	B-N	R-E	W-E	B-E	PASS / FAIL	CHECK BY	DATE

COMMENTS: (Including test instrumentation details)

NCR No:

FINAL ACCEPTANCE:	NAME	SIGNATURE	POSITION	APPROVED (YES/NO)	DATE
HEYDAY GROUP					
CLIENT (REPRESENTATIVE)					
AUTHORITY (IF APPLICABLE)					



Inspection & Test Checklist E0030 Management (QA) System ISO9001

Client: CPB		Project Name: PIT	T STREET – OSD NORT	Job No: NE	C00127	Sheet:	3 Of 4	
Contract Manager:	BRETT LAVORATO	Project Manager:	DAVID WATTS	Site Supervisor:	JOE FENEC	Date:	24/11/22	
Check Authorised By:	DAVID WATTS	Signature:	DW	Check Delegated To:	Site Supervisor Signature:		•	

INSPECTION AND TEST CHECKLIST FOR: DISTRIBUTION BOARDS

DB NUMBER	CIRCUIT BREAKER OPERATION Continuity Test – With breaker in open and closed position			and closed	CIRCUIT BREAKER SETTING CHECKS Verify Breaker Settings are as per Distribution Board Shop drawings ,Associated schematics & DB Schedules (Board Drawings to be attached to ITC)			POL Visual Inspect Indicators a Install. Guide a	are as per mar lines. Visual Ir Il other wiring	KS CT Marking nufacturer nspection of	Visual Inspection of Confirm it is as per t	SFORMER RATIO CHECK CT Ratio. Record CT ratio and he switchboard shop drawing
	OPEN POSITION PASS/FAIL	CLOSED POSTION PASS/FAIL	CHECK BY	DATE	PASS / FAIL PASS/FAIL	CHECK BY	DATE	PASS / FAIL PASS/FAIL	CHECK BY	DATE	CT Ratio Record actual CT ratio	Shop Drawing Record CT ratio on Chadwick's shop drawing

COMMENTS: (Including test instrumentation details)

NCR No:

FINAL ACCEPTANCE:	NAME	SIGNATURE	POSITION	APPROVED (YES/NO)	DATE
HEYDAY GROUP					
CLIENT (REPRESENTATIVE)					
AUTHORITY (IF APPLICABLE)					



Inspection & Test Checklist E0030 Management (QA) System ISO9001

Client: CPB		Project Name: PIT	T STREET – OSD NORT	Job No: NE	C00127	Sheet:	4 Of 4	
Contract Manager:	BRETT LAVORATO	Project Manager:	DAVID WATTS	Site Supervisor:	JOE FENEC	Н	Date:	24/11/22
Check Authorised By:	DAVID WATTS	Signature:	DW	Check Delegated To:	Site Supervisor	Signature	•	

INSPECTION AND TEST CHECKLIST FOR: DISTRIBUTION BOARDS

DB NUMBER		METER CALIBRATION CHECKS Complete Verification checks with calibrated Multimeter – Amps Voltage (Photo Evidence Required) PASS / FAII CHECK BY DATE											
	Multimeter	reading (V=Volts	& A=Amps)		reading (V=Volts &		PASS / FAIL Within .5%	CHECK BY	DATE				
	Red Phase Record V & A	White Phase Record V & A	Blue Phase Record V & A	Red Phase Record V & A	White Phase Record V & A	Blue Phase Record V & A							

COMMENTS: (Including test instrumentation details)

NCR No:

FINAL ACCEPTANCE:

NAME

SIGNATURE

POSITION

APPROVED (YES/NO)

DATE

FINAL ACCEPTANCE:	NAME	SIGNATURE	POSITION	APPROVED (YES/NO)	DATE
HEYDAY GROUP					
CLIENT (REPRESENTATIVE)					
AUTHORITY (IF APPLICABLE)					
A COERT ANDE ORITERIA - AC REI	· III //\	(*) *******************************		(4) OUDDLY AUTHORITY ADDR	N/AL (E) COMMUNICATION