

Inspection & Test Checklist ITC: 6 CONDUIT

Heyday5 Pty Ltd ABN 85 158 865 091

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Phone: (02) 9855 6666 Facsimile: (02) 9855 6655

Contract Manager: Brett Lavorato Project Manager: Michael McGeehan Site Supervisor: Andrew Cairns Date: Check Authorised By: Michael McGeehan Signature: Check Delegated To: Signature:	Client: John Holland Group	Project Name:	Shoalhaven Hospital Redevel	Job No: <u>NEC00140</u>	-	Sheet:	Of	
Check Authorised By: Michael McGeehan Signature: Check Delegated To: Signature:	Contract Manager: <u>Brett Lavorato</u>	Project Manager:	Michael McGeehan	Site Supervisor	: Andrew Cairns		Date:	
onder Additionable By Millionable Millionable Brighten Committee Brighten Brighten Committee Brighten Brighten Committee Brighten Committee Brighten Committee Bright	Check Authorised By: Michael McGeehan	Signature:		Check Delegated T	Signature:			

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COMMENTS:	
	NCR No:

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

(Client and Authority may elect or not elect to sign the acceptance).

ACCEPTANCE CRITERIA: AS PER ITP = (1) AS3000 WIRING RULES. (2) SPECIFICATION. (3) LATEST ISSUE OF DRAWINGS.