

## Inspection & Test Checklist ITC: 9 ELECTRICAL EQUIPMENT / ACCESSORIES

Heyday5 Pty Ltd ABN 85 158 865 091

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Client: John H	Pro	Project Name: Shoalhaven Hospital Redevelopment Job No: NEC0014											Sheet:		Of			
					<u> </u>						pervisor	visor: Andrew Cairns				Date:		
Check Authorised By: Michael McGeehan					Signature: C					heck Delegated To:				Sig	nature:			
ITEM NO:	CORRECT TYPE / COLOUR		CORRECT ALIGNMENT LOCATION		CORRECT FIXING AND MADE SAFE		CORRECT LABELLING		CORRECT TERMINATION		CORRECT EARTHING		CORRECT IP RATING		CORRECT CLASSIFICATION		FINAL CHECK AND	
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FINAL ACCEPTANCE NAME				ME	SIGNATURE				POSITION				APPROVED (YES/NO)			DATE		

AUTHORITY (IF APPLICABLE):	
(Client and Authority may elect or n	ot elect to sign the acceptance).

HEYDAY GROUP (REPRESENTATIVE):
CLIENT (REPRESENTATIVE):

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