

AUTHORITY (IF APPLICABLE)

Inspection & Test Checklist E019 Management (QA) System

Client: CPB		Project Name:	PITT STREET – OSD NORTH		Job No: NEC00127	•	Sheet:	1 Of 1
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 T	o: Site Supervisor	Signature:		

INSPECTION AND TEST CHECKLIST FOR: COMMUNICATION CABLING - FIBRE

CABLE NUMBER	SER Confirm All Work Has Been Completed			INSTALLATION CHECKS Visual Inspection – No damage, outlet installed correctly			VERIFICATION & TESTING REFER TO SEPARATE FLUKE TEST SHEETS FOR TESTING RESULTS			
	COMPLETE YES/NO	CHECK BY	DATE	PASS / FAIL	CHECK BY	DATE	LABELLING COMPLETE YES/NO	FLUKE TEST PASS YES/NO	COMMENT	

COMMENTS:										
					NCR No:					
FINAL ACCEPTANCE:	NAME	SIGNATURE	POSITION	APPROVED (YES/NO)	DATE					
HEYDAY GROUP										
CLIENT (REPRESENTATIVE)										

ACCEPTANCE CRITERIA: AS PER ITP = (1) AS3000:2007 WIRING RULES. (2) SPECIFICATION. (3) LATEST APPROVED DRAWINGS. (4) SUPPLY AUTHORITY APPROVAL. (5).