

Inspection & Test Checklist

ITC: 30

TESTING AND COMMISSIONING

Client: <u>Besix Watpac</u>	Project Name: <u>New Shellharbour Hospital</u>	Job No: <u>NEC00148</u>	Sheet: <u> </u> Of <u> </u>
Contract Manager: <u>Brett Lavorato</u>	Project Manager: <u>Basem Taha</u>	Site Supervisor: <u>Blake Fairhall</u>	Date: <u> </u>
Check Authorised By:	Signature:	Check Delegated To:	Signature:

ITEM:	EQUIPMENT/ SYSTEM TO BE COMMISSIONED GIVE BRIEF DESCRIPTION	DATE OF TESTS	INSPECTION/WITNESS BY (NAME, COMPANY/DEPARTMENT)	ACCEPTANCE		CONFIRMATION		REMARKS
				YES	NO	NAME	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 = (2) SPECIFICATION.