



Heyday Group

Inspection & Test Checklist

ITC: 11

TESTING AND COMMISSIONING

Heyday5 Pty Ltd
ABN 85 158 865 091
Locked Bag 2228
North Ryde NSW 1670
Phone: (02) 9855 6666
Facsimile: (02) 9855 6655

Client: John Holland Group	Project Name: Shoalhaven Hospital Redevelopment	Job No: NEC00140	Sheet: _____ Of _____
Contract Manager: Brett Lavorato	Project Manager: Michael McGeehan	Site Supervisor: Andrew Cairns	Date: _____
Check Authorised By: Michael McGeehan	Signature: _____	Check Delegated To: _____	Signature: _____

ITEM:	EQUIPMENT/ SYSTEM TO BE COMMISSIONED	DATE OF TESTS	INSPECTION/WITNESS BY (NAME, COMPANY/DEPARTMENT)	ACCEPTANCE		CONFIRMATION		REMARKS
	GIVE BRIEF DESCRIPTION			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.