

Inspection & Test Checklist ITC: 5 CABLE TRAY/LADDER/TRENCHING

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 Redevelo	pment	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 1	o:	Signature	e:	

LEVEL/AREA	AREA/LOCATION TO DRAWING		CORRECT SIZE, TYPE & SPARE CAPACITY		GALVANISED / PAINTED		CORRECT SPACING		CORRECT ALIGNMENT		CORRECT BRACKETS AND SAFE FIXING		CLEAR TO OTHER SERVICES		REMARKS
	CHECK BY	DATE	CHECK BY	DATE	CHECK BY	DATE	CHECK BY	DATE	CHECK BY	DATE	CHECK BY	DATE	CHECK BY	DATE	

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. (3) LATEST ISSUE OF DRAWINGS.