

Inspection & Test Checklist 9 MAIN EARTHING SYSTEM

| Client: | Besix Watpac | Project Name: | New Shellharbour Hospital | | Job No: | NEC00148 | Sheet: | 1 Of 2 |
|----------------------|----------------|------------------|---------------------------|----------------------|-------------|-----------|--------|----------|
| Contract Manager: | Brett Lavorato | Project Manager: | Basem Taha | Site Supervisor: Bla | ke Fairhall | | Date: | 24/11/23 |
| Check Authorised By: | | Signature: | | Check Delegated To: | | Signature | | |

INSPECTION AND TEST CHECKLIST FOR: MAIN EARTHING SYSTEM

| CABLE ID | FROM | ТО | PRE-RE | EQUISITE WO | ORKS | VI | SUAL CHECK | | CONTINUITY TEST | | |
|----------|------|----|----------|-------------|------|----------------|-------------|------|-----------------|----------|------|
| | | | COMPLETE | CHECK BY | DATE | PASS / FAIL | CHECK BY | DATE | PASS / FAIL | CHECK BY | DATE |
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| COMMENTS: | |
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| | NCR No: |
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| FINAL ACCEPTANCE: | NAME | SIGNATURE | POSITION | APPROVED (YES/NO) | DATE |
|---------------------------|------|-----------|----------|-------------------|------|
| HEYDAY GROUP | | | | | |
| CLIENT (REPRESENTATIVE) | | | | | |
| AUTHORITY (IF APPLICABLE) | | | | | |
| | | | | | |



AUTHORITY (IF APPLICABLE)

Inspection & Test Checklist 9 MAIN EARTHING SYSTEM

| Client: | Besix Watpac | Project Name: N | lew Shellharbour Hospital | | Job No: | IEC00148 | Sheet: | 2 Of 2 |
|----------------------|----------------|------------------|---------------------------|----------------------|-------------|-----------|--------|----------|
| Contract Manager: | Brett Lavorato | Project Manager: | Basem Taha | Site Supervisor: Bla | ke Fairhall | | Date: | 24/11/23 |
| Check Authorised By: | | Signature: | | Check Delegated To: | | Signature | | |

INSPECTION AND TEST CHECKLIST FOR: MAIN EARTHING SYSTEM

| CABLE ID | FROM | TO | ELECTRICAL RESISTANCE TEST | | | | | |
|----------|------|----|----------------------------|----------------------------|----------------|----------|------|--|
| | | | RESISTANCE (OHM) | TARGET RESISTANCE (OHM) | PASS / FAIL | CHECK BY | DATE | |
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| 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)