

Inspection & Test Checklist ITC: 8 LIGHT FITTINGS

Heyday5 Pty Ltd ABN 85 158 865 091

Locked Bag 2228 North Ryde NSW 1670

Phone: (02) 9855 6666 Facsimile: (02) 9855 6655

| Client: Jo | ohn Hollan | d Group | | | Project Name: Shoalhaven Hospital Redevelopment | | | | | | | | Job No: NEC00140 | | | | Sheet: | (| Of |
|---------------------------------------|-----------------------------------|----------|-----------------------------|------------------------|---|------|------------------|------|-------------------------------------|---------------------|----------------------|-----|------------------|--|--------------|---------------|---------|----------|-----------|
| Contract Ma | Project | t Manage | ehan | Site Supervisor: Andre | | | w Cairns | | Da | ate: | | | | | | | | | |
| Check Authorised By: Michael McGeehan | | | | | Signat | ure: | | | | Check Delegated To: | | | | Signature: | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| ITEM No: | CORRECT LOCATION TO DRAWING | | CORRECT SIZE AND TYPE | | DAMAGE | | CORRECT LAMPS | | CORRECT DIFFUSERS/ REFLECTORS | | CORRECT OPERATION | | CIF | CORRECT CIRCUIT / DB DESTINATION | | RECT LLING | REMARKS | | KS |
| | CHECK BY | DATE | CHECK BY | DATE | CHECK BY | DATE | CHECK BY | DATE | CHECK BY | DATE | CHECK BY | DAT | E CHEC | DATE | CHECK BY | DAT | E | <u> </u> | |
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| COMMENTS: | | | | | | | | | | | | | | | | | | | |
| NCR No: | | | | | | | | | | | | | | | | | | | |
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| FINAL ACCEPTANCE | | | NAME | | | | SIGNATURE | | | POSITION | | | | APPROVED (YES/NO) | | | DATE | | |
| HEYDAY GROUP (REPRESENTATIVE): | | | | | | | | | | | | | | | | | | | |
| CLIENT (PEDDE | CENTATIVE). | | 1 | | | | | | | | | | | | | | | | |

(Client and Authority may elect or not elect to sign the acceptance).

AUTHORITY (IF APPLICABLE):

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