# INSPECTION TEST PLAN CHECKLIST

# EWIS/OWS INSTALLATION AND COMMISSIONING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name: | Project No: | | | |
| Address: | Area/Level: | | | |
| Inspected by: | Date: / / | | | |
| NATURE OF INSPECTION | | Yes | No | N/A |
| **1. Rough In** | |  |  |  |
| * Approved workshop drawings | | 🞏 | 🞏 | 🞏 |
| * Wirings suitably fixed | | 🞏 | 🞏 | 🞏 |
| * Correct type of wiring installed | | 🞏 | 🞏 | 🞏 |
| * Correct type of wiring fixing installed | | 🞏 | 🞏 | 🞏 |
| * Fire stop material to penetrations (where specified) | | 🞏 | 🞏 | 🞏 |
| * In slab conduits inspected and acceptable before pour | | 🞏 | 🞏 | 🞏 |
| * Ok to proceed with sheeting ceilings | | 🞏 | 🞏 | 🞏 |
| **2. Fit-off** | |  |  |  |
| * Locations to approved workshop drawing | | 🞏 | 🞏 | 🞏 |
| * Approved type of speaker installed | | 🞏 | 🞏 | 🞏 |
| * Speakers suitably fixed | | 🞏 | 🞏 | 🞏 |
| **3. Panels** | |  |  |  |
| * EWIS/OWS in correct location | | 🞏 | 🞏 | 🞏 |
| * Labelling complete. | | 🞏 | 🞏 | 🞏 |
| * Battery type and capacity correct | | 🞏 | 🞏 | 🞏 |
| * EWIS/OWS manual inside EWIS/OWS panel | | 🞏 | 🞏 | 🞏 |
| **4. Accessories** | |  |  |  |
| * WIP location and labelling | | 🞏 | 🞏 | 🞏 |
| * BGA location and correct type | | 🞏 | 🞏 | 🞏 |
| * Strobe lights and sounders working (where specified) | | 🞏 | 🞏 | 🞏 |
| **5. Commissioning** | |  |  |  |
| * Operation of EWIS/OWS from FIP | | 🞏 | 🞏 | 🞏 |
| * ITP for fire alarm interfacing complete | | 🞏 | 🞏 | 🞏 |