**Inspection Checklist – MG06**

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| **Contractor:** |  | | | |  | **IC-E No.** | | |  | |
| **System:** | MEDICAL GAS – VALVE ISOLATION BOX | | | |  | **Floor:** | | |  | |
| **Panel No:** |  | | | |  | | | |  | |
| Installation in accordance with the Mechanical Services Specification | | | | | | | | | | |
| **Item - Activity** | | | | **Acceptable** | | | | | | **Comment** |
|  | **Yes** | | **No** | | |
| Pipes installed to valve box location | | | |  |  | |  | | |  |
| Valve box installed as per drawing | | | |  |  | |  | | |  |
| Valve box installed flush and level to wall | | | |  |  | |  | | |  |
| Pipe work check for cross overs | | | |  |  | |  | | |  |
| Interconnecting cables installed from valve box to alarm panel? | | | |  |  | |  | | |  |
| Mechanical protection installed for cables and pipe passing through wall studs? | | | |  |  | |  | | |  |
| Labels installed | | | |  |  | |  | | |  |
| Pressure tested and witnessed? | | | |  |  | |  | | |  |
| **Inspected by:** | | *Sub-Contractor’s Site Foreman* |  | | | | | Date | |  |
| **Inspected by:** | | *DPA Site Foreman* | Adam Simons | | | | | Date | |  |
| **Comments** | | | | | | If an NCR is raised - # | | | | |
|  | | | | | | Date Closed | | | | |
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| **READY FOR HANDOVER TO COMMISSIONING** | | | | | | | | | | |

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| **Received by:** | | *DPA Project Manager* | | Date: |
| **Authorised By** | **Site Foreman / Mgr** | | **Client** | **Project Manager** |
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