|  |  |  |  |
| --- | --- | --- | --- |
| Project Name | 6523 Charlestown Day Surgery | | Inspection Date: |
| System inspected |  | Level inspected |  |
| Area inspected |  | Drawing attached Y/N  Drawing No: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Layout correct to latest drawing | Size correct | Duct Height correct | Hanger spacing correct | Seismic restraint as per seismic details | Clear to other services | Duct joints sealed / Flange tape/ Mastic / Cleats | Duct open ends sealed | Insulation: Internal / External / Nude | Threaded rod ends trimmed | Exposed Duct labels removed from duct | VCD installed  Manual or Motor Checked for free movement  Locked open | NRD installed  Checked direction  Checked for free movement |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Yes = √ No = X**

**COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sign Off** | **NAME** | **SIGNATURE** | **POSITION** | **APPROVED (YES/NO)** | **DATE** |
| **EQAC Representative** |  |  |  |  |  |

**INSTALLATION CRITERIA: AS PER ITP = (2) SPECIFICATION. (3) LATEST ISSUE OF DRAWINGS. (5) AS4254 (7) BCA SECTION J**