|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name | 6523 Charlestown Day Surgery | | Inspection Date: | |
| System inspected | Fan/System Tag: | Fan Manufacturer: | Fan Model N0: | Level inspected: |
| Drawing attached Y/N |  | Drawing No: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signage and barricading in place prior to testing and start-up | Confirm Isolator and circuit breaker are locked out. Power is available | Check Fan location matched latest drawing | Check Fan ID matches schedule | Check Fan orientation/ directional arrows are is correct | Belt guards fitted/ Access inspection panels fitted & locked in place | Ducting inspected and confirmed clear of debris and obstructions |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Yes = √ No = X**

**COMMENTS:**

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