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| Project Name | 6523 Charlestown Day Surgery | | Inspection Date: |
| MSSB Number: |  | Level inspected |  |
| Essential or Non-Essential. |  | Drawing Number |  |

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| **Acceptance Criteria** | **Yes/ No** | **Comments** |
| Ensure MSSB installed as per latest revision drawings |  |  |
| Ensure all labelling (internal & external) is correct and complete. |  |  |
| Ensure cabling is connected and secure (Steel ties for essential services) |  |  |
| Ensure cable protection/ covers installed, internal and external. |  |  |
| Ensure adequate access & clearances are provided around and in front of MSSB. |  |  |
| Ensure main isolation switch and all individual circuit breakers/ switches are lockable & switched off |  |  |
| Ensure doors are lockable. |  |  |
| Ensure any live parts are not exposed or are suitably protected. |  |  |
| Ensure all loose items, swarf, etc. cleaned from MSSB prior to energisation. |  |  |
| Confirm MSSB installation/ wiring contractor has completed all testing and test report is attached |  |  |
| MSSB is now ready for energisation: |  |  |

Yes = √ No = X

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

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| **Sign Off** | **NAME** | **SIGNATURE** | **POSITION** | **DATE** |
| EQAC  Representative |  |  |  |  |