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| --- | --- | --- | --- |
| **Project Name** | 6523 Charlestown Day Surgery | | **Inspection Date:** |
| **Riser inspected** |  | **Levels inspected** |  |
| **System inspected** |  | **Drawing attached Y/N**  **Drawing No:** |  |

|  |  |  |
| --- | --- | --- |
| Item Inspected | Approved YES/NO | Comments |
| Layout correct per latest drawing |  |  |
| Pipe Size correct |  |  |
| Pipe & Fitting Pressure rating Correct |  |  |
| Hanger type and spacing correct |  |  |
| Seismic restraint req/ Installed |  |  |
| Clear to other services |  |  |
| All Valves and fittings installed as per design schematic |  |  |
| Fire rating complete to approved system |  |  |
| Pipe Insulation required |  |  |
| Pipe label’s installed: Direction and Service |  |  |
| Riser piping ready for pressure testing |  |  |

**Yes = √ No = X**

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

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| --- | --- | --- | --- | --- |
| **Sign Off** | **Name** | **Signature** | **Position** | **Date** |
| EQAC  Representative |  |  |  |  |