|  |  |  |  |
| --- | --- | --- | --- |
| Project Name: | 6523 Charlestown Day Surgery | Inspection Date: |  |
| Equipment Make: |  | Level: |  |
| Equipment Model N0: |  | Area: |  |
| Equipment Serial N0: |  | Drawing No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Installation Inspection** | | | **Yes/ No** | **Comment** | |
| Check insulation is installed as per latest drawing & revision | | |  |  | |
| Check insulation is correct type and R value as per design | | |  |  | |
| Check insulation is not damaged | | |  |  | |
| Check mounting blocks ID & OD and bracketing correct | | |  |  | |
| Check bracketing is spaced correct | | |  |  | |
| Confirm pipe/ duct pressure testing complete and approved | | |  |  | |
| Ensure insulation requirements for access and maintenance | | |  |  | |
| Check vapor barrier is continuous | | |  |  | |
| Check Insulation is continuous and sealed | | |  |  | |
| Check insulation is strapped is correct material and spaced at correct intervals | | |  |  | |
| Ensure all pipe fittings valves and ancillaries are insulated as per design. | | |  |  | |
| Confirm areas of insulation requiring metal sheathing and type of material. | | |  |  | |
| Ensure metal sheathing has been installed with moisture barrier and seam locks | | |  |  | |
| Ensure sheathing is fitted correctly for future access and maintenance. | | |  |  | |
|  | | | | | |
| **Sign Off** | **Name** | **Signature** | **Position** | | **Date** |
| EQAC Representative |  |  |  | |  |