|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name | | 6523 Charlestown Day Surgery | | | | | | | | Inspection Date: | | |
| System inspected | |  | | | | Level inspected | | | |  | | |
| Area inspected | |  | | | | Drawing attached Y/N  Drawing No: | | | |  | | |
| Test Medium: Air: □ Water: □ Nitrogen: □ | | | | | | | | Service: | | | | |
| Device Used | | | Model number: | | | | | | Serial number: | | | |
| Calibration Certificate attached: Y/N | | |  | | | | | | | | | |
| System working pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kpa | | | | | | Test Pressure 1.5 X working pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_kPa | | | | | | |
| Initial Sighting: Date | | | | Time: | | | | | Pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Kpa. | | | |
| Final Sighting: Date: | | | | Time: | | | | | Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Kpa. | | | |
| Comments: | Maximum test duration 120 min @ 1.5 X working pressure to a Max 2500kPa | | | | | | | | | | | |
| Sign Off | | NAME | | | SIGNATURE | | POSITION | | | | APPROVED (YES/NO) | DATE |
| EQAC Representative | |  | | |  | |  | | | |  |  |

ACCEPTANCE CRITERIA: AS PER ITP = (2) SPECIFICATION. (3) LATEST ISSUE OF DRAWINGS.