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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name | | | 6523 Charlestown Day Surgery | | | | | | Inspection Date: | | |
| Level inspected | | |  | | | | System inspected | |  | | |
| Area inspected | | |  | | | | Drawing attached Y/N  Drawing No: | |  | | |
|  | | | | | | | | | | | |
| Layout as per latest drawing | Grilles installded as per latest RCP | Grilles & Cushion head box mounted correctly | | Correct Grill installed | Clear of other services | Flexi Duct installed as per AS4254.1 | | Flexi Duct installed and supported with min SAG (no more than 40mm with ±20mm tolerance over a meter | | Flexi duct supported with approved safddles at max 1.5m intervals | Flexi duct mechanical fixed; taped and sealed. |
|  |  |  | |  |  |  | |  | |  |  |

**Yes = √ No = X**

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

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| **Sign Off** | **NAME** | **SIGNATURE** | **POSITION** | **APPROVED (YES/NO)** | **DATE** |
| **EQAC Representative** |  |  |  |  |  |

**INSTALLATION CRITERIA: AS PER ITP = (2) SPECIFICATION. (3) LATEST ISSUE OF DRAWINGS. (5) AS4254 (7) BCA SECTION J**