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

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| **Installation Inspection** | | | **Yes/ No** | **Comment** | |
| **Section A (General)** | | | | | |
| Unit Data is as per technical data schedule | | |  |  | |
| Units are installed in correct location as per latest drawings | | |  |  | |
| Unit is clearly labelled | | |  |  | |
| Unit is installed with approved vibration isolation | | |  |  | |
| Flexible connection between unit supply and return air | | |  |  | |
| Safety tray installed and sized to give maximum cover | | |  |  | |
| **Section B (Pipework)** | | | | | |
| Pipework installation completed including valves & ancillaries as per drawing schematic with service valves open | | |  |  | |
| Drain piping installed including trap | | |  |  | |
| Confirm drain has been tested. | | |  |  | |
| Confirm System pressure test completed as per ITC004 | | |  |  | |
| Confirm Pipework Insulation Completed as per ITC003 | | |  |  | |
| **Section C (Electrical)** | | | | | |
| Check electrical cabling is secure and labeled. | | |  |  | |
| Confirm all electrical connections, including Mains & Control as per the manufacturers wiring schematic | | |  |  | |
| Confirm unit is addressed as per manufactures schematic. | | |  |  | |
| Check isolator is installed labeled and switched off. | | |  |  | |
| Check circuit breaker in MSSB is switched off, locked out and or tagged. | | |  |  | |
| FCU is now ready for energisation. | | |  |  | |
|  | | | | | |
| **Sign Off** | **Name** | **Signature** | **Position** | | **Date** |
| EQAC Representative |  |  |  | |  |