**INSPECTION, TEST, VERIFICATION & STATUS REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITP Description:** | Warranty Period | **Revision** |  | **SYMBOLS FOR OPERATION**  A-APPROVAL / W-WITNESSED / T-TEST / C- CERTIFICATE / H-HELD / G-GENERAL / I-INSPECTED  GM Fire: Onsite Representative (GMR) Principle Contractor: (PC)  Consultant: (CS) Client: (CL) |
| **ITP Number:** | GMF-ITPS-007 | **Prepared By** | Drew Brooks |
| **Trade:** | Fire Services | **Signature** |  |
| **Project Number:** |  | **Approved By** | James Pretty |
| **Project Name:** |  | **Signature** |  |
| **Project Address:** |  | **Date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site Specific Details** | | | | | |
| Frequency of inspection and testing: | | |  Level |  Area |  Other: |
| Building: |  | | | | |
| Level: |  | | | | |
| Area: |  | | | | |
| **Hold Point Details** | | | | | |
| Hold Point Required:  Yes | | |  No |  Other: |  |
| GM Sign Off | | Name: | | | Signature: |
| PC Sign Off | | Name: | | | Signature: |
| CS Sign Off | | Name: | | | Signature: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION OF ACTIVITIES** | **ACCEPTANCE CRITERIA SPECIFIED** | **COMMISSIONNIG CODES AND REQUIRED DOCUEMNTATION** | **DRAWING REFERENCE NUMBER** | **QUALITY CONTROL** | **PERFORMED AND/OR WITNESSED BY:** | | | | **DATE** |
| **GM** | **PC** | **CS** | **CL** |
| 1 | PROVIDE CLIENT OPERATOR INSTRUCTIONS | As and when required |  |  | G/W |  |  |  |  |  |
| 2 | TRAINING | As and when required |  |  | G/W/H |  |  |  |  |  |
| 3 | MAINTENANCE PLAN | As per spec. and quoted offer. |  |  | G |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |