

NAFFCO FIRE RATED DUCTWORK SYSTEM

Fire Rated Ductwork Installation Inspection Report

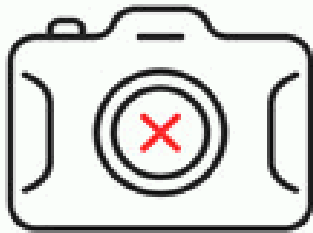
Project Name	: G+4P+19 Floors + Roof	Order No	: 15256
Project Number	: FRD-10015		
Client/Customer	: Raneen		
Main Contractor	:		
MEP Contractor	: Raneen		
Drawing No	: 25255	Inspection No.	: 643634
Installation Completion	: hdssd	Model Number	: 436
FRD location	: 6346	Date	:

SLNO	CHECK LIST	YES/NO	COMMENT	ACTION REQUIRED
1	Has the NAFFCO supplied gasket been used between Duct flanges properly?	Yes		
2	Has the G-Clamp been fixed on joints at specified distance?	No		
3	Are the hanger rod & bearer support complying with NAFFCO Hanger-Support Table	No		
4	Are the support distance as per the Hanger-Support given in Installation Instruction?	No		
5	Are Droup road within 50mm of duct side surface?	No		
6	Are the NAFFCO Fire Rated Duckwork independent of the other service?Vice Versa?	No		
7	Has correct fixing, accessories & slabs been used with suitable rating as of fire rate ductwork?	N/A		
8	Balancing Dampers approved for fire rated system?	N/A		

NAFFCO FIRE RATED DUCTWORK SYSTEM

SLNO	CHECK LIST	YES/NO	COMMENT	ACTION REQUIRED
9	Has the duct been checked for any damage for the full job and any required remedial work completed?	N/A	jdfj	jtf
10	Are fasteners on flange corners properly fitted and fully tightened?	No	jghfj	jfg
11	Is the duct installed as per shop floor drawing?(Minor adjustment on site are not included)	N/A	jfgh	
12	Has the NAFFCO identification label pasted on ducts?	N/A		
13	Is the Installer aware about the required fire stopping at wall or floor penetrations?(Contact NAFFCO for Advice).	N/A		

NAFFCO FIRE RATED DUCTWORK SYSTEM



**NO IMAGE
AVAILABLE**



**NO IMAGE
AVAILABLE**

NAFFCO FIRE RATED DUCTWORK SYSTEM

OBSERVATION

1.

Notes: Installer Is Advised to contact NAFFCO for penetration seal method.

(* In additional of above checkpoint, it always advised to refer the NAFFCO installation instruction)

CORRECTIVE ACTION COMPLETED AND SIGNED OFF

NAFFCO SITE INSPECTOR		CLIENT/CONTRACTOR REPRESENTATIVE	
Inspector Name		Client Representative	
Position		Position	
Mob		Mob	
Date & Sign		Date & Sign	
COC to be issued		NO	

Inspector Sign

Customer Sign