

	Title	Protocol Number
	Installation/Operational Qualification for the New Blending Suite in Building 1	IQQQ2020-020 Rev 0

Attachment 12 - Utilities Verification

Objective:

The objective of this test is to verify that the major equipment has the required supporting utilities for operation.

Procedure:

- Document results in the following table. Record information regarding connected utilities including type, connection details (e.g. 2" tri-clamp), and sizing/service (e.g. >90 PSIG)
- For Method of Verification:
 - V – Visual observation (including measured values and field observations)
 - D – Documentation (include each document in **Attachment 6** Supplemental Documentation Log)

Acceptance Criteria:

The major equipment has the required supporting utilities for operation.

Result:

Have the acceptance criteria been met? (Y/N) Y If Not, Deviation No: N/A

Performed By:  Date: 10/06/2020

Reviewed By:  Date: 10/06/2020

**Title****Protocol Number****Installation/Operational Qualification
for the New Blending Suite in Building 1****IQQQ2020-020
Rev 0****Attachment 12 – Utilities Verification (Cont.)**

Utility	Connection Details	Sizing/Service	Method of Verification	Acceptable?	Performed By / Date
Compressed Air	Treaded Ball Valve	SS-0.5 in	V	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MR 10/06/2020
PUR Water RO	Ball valve PVC	1 1/2 in Tri-clamp	V	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MR 10/06/2020
PUR Water HOT	Ball valve SS	2 in Tri-clamp	V	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MR 10/06/2020
City Water	Ball valve PVC	1 in	V	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MR 10/06/2020
Electricity	Galv.	0.5 in	V	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MR 10/06/2020
City Water	Ball valve Copper	0.5 in	V	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MR 10/06/2020
<div></div>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

N/A MR 10/06/2020

Performed By: W. D. King Date: 10/06/2020Reviewed By: H. Smith Date: 10/06/2020