

	PROJECT NAME	INSPECTION & TEST PLAN	
		REF. NO.	
		REV. NO.	0
		DATE :	
		PAGE :	1 OF 1

ACTIVITY: **Access Control System Installation**

AREA/LOCATION:

ITP approved by CONTRACTOR's QA/QC: Signature: Date:	ITP approved by Consultant: Signature: Date:
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SERIAL NO.	DESCRIPTION	FREQUENCY	SPECIFICATION / CRITERIA	INSPECTION LEVEL						VERIFICATION RECORD
				S/C	CONTRACTOR		Consultant			
1	DOCUMENTATION									
1.1	Pre-Qualification subcontractor	Once (Approval prior to submit the submittal)	Project Specifications and drawings.	H		H		R		
1.2	Shop Drawing Approval	Each Shop Drawing	Project Specifications and drawings.	H		H		R		
1.3	Material Approval	Each MAR (prior to order the material).	Project Specifications and drawings.	H		H		R		
1.4	Method Statement Approval	Once (Approval prior to start of activity)	Project Specifications and drawings.	H		H		R		
2	MATERIAL INSPECTION									
2.1	Check the Material as per approved submittal.	Each Delivery	Project Specifications and drawings.	H		H		H		
3	Installation									
3.1	Installation of the system	Each Area where applicable (As per Consultant requirements)	Project Specifications and drawings.	H		H		H		

LEGEND: H: HOLD W: WITNESS S: SURVEILLANCE R: REVIEW

ITP Sign-Off post completion of Works

CONTRACTOR APPROVAL NAME : SIGN : DATE:	Consultant APPROVAL NAME : SIGN : DATE:
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