

	Project Name & Details	<b>INSPECTION &amp; TEST PLAN</b>	
		REF. NO.	
		REV. NO.	0
		DATE :	
		PAGE :	1 OF 1

**ACTIVITY:** INSTALLATION, TESTING & COMMISSIONING OF WET CHEMICAL FIRE SUPPRESSION SYSTEM FOR KITCHEN HOODS  
**AREA/LOCATION:**

**ITP approved by CONTRACTOR's QA/QC:**  
**Signature:**  
**Date:**

**ITP approved by consultant:**  
**Signature:**  
**Date:**

SERIAL NO.	DESCRIPTION	FREQUENCY	SPECIFICATION/CRITERIA	INSPECTION LEVEL				VERIFICATION RECORD
				ITL	CONTRACTOR		consultant	
<b>1</b>	<b>DOCUMENTATION</b>							
1.1	Shop Drawing Approval	Each Shop Drawing	Project Specifications.	--		H		H
1.2	Material Approval	Each MIR ( prior to start ordering the material)	Project Specifications.	--		H		H
1.3	Method Statement Approval	Once (Approval prior to start of activity)	Project Specifications.	--		H		H
<b>2</b>	<b>MATERIAL INSPECTION</b>							
2.1	Check the Material as per approved submittal.	During Delivery	Project Specifications.	--		H		H
<b>3</b>	<b>INSTALLATION INSPECTION</b>							
3.1	Check the installation as per approved drawing. Check the physical Installation of the system.	Area Wise or As instructed by consultant.	Project Specifications.	--		H		H
<b>4</b>	<b>Testing &amp; Commissioning</b>							
4.1	Testing & Commissioning for the Wet Chemical Fire Suppression System	Area Wise or As instructed by consultant.	Project Specifications.	--		H/W100		H/W100

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

ITP Sign-Off post completion of Works

<b>CONTRACTOR APPROVAL</b>		<b>consultant APPROVAL</b>	
NAME :		NAME :	
SIGN :		SIGN :	
DATE:		DATE:	