

		<b>Project Name &amp; Details</b>				<b>INSPECTION &amp; TEST PLAN</b>		
						REF. NO.		
						REV. NO. 0		
						DATE :		
						PAGE : 1 OF 1		
<b>ACTIVITY: TESTING &amp; COMMISSIONING OF VENTILATION AND GENERAL EXHAUST FANS</b>								
<b>AREA / LOCATION:</b>								
<b>ITP Approved by CONTRACTOR's QA/QC:</b>				<b>ITP Approved by consultant:</b>				
Signature:				Signature:				
Date:				Date:				
SERIAL NO.	DESCRIPTION	FREQUENCY	SPECIFICATION/CRITERIA	INSPECTION LEVEL			VERIFICATION RECORD	
				3rd Party	CONT.	consultant		
<b>1</b>	<b>PRE-CONSTRUCTION ACTIVITIES</b>							
1.1	Material Approval	Once (Approval prior to start of activity)	Manufacturers' technical product data for fans including specifications, capacity ratings, fan performance, curves with operating point clearly indicated gages and finishes of materials, and installation instructions.	-	H	R		
1.2	Shop Drawing Approval	Each Shop Drawing	Specifications and material approvals.	-	H	R		
1.3	Method Statement Approval	Once (Approval prior to start of activity)	Specifications and material approvals.	R	H	R		
<b>2</b>	<b>MATERIAL INSPECTION</b>							
2.1	Check the Material as per approved submittal.	Each Delivery	Specifications and material approvals.	-	H	H		
<b>3</b>	<b>INSTALLATION INSPECTION</b>							
3.1	Check the installation as per approved drawing. Check the physical Installation of equipment.	Area Wise or As instructed by consultant.	Specifications and material approvals.	-	H	H		
<b>4</b>	<b>TESTING &amp; COMMISSIONING</b>		Area Wise or As instructed by consultant.	W	H	H		
LEGEND : H: HOLD W: WITNESS S: SURVEILLANCE R: REVIEW								
CONTRACTOR APPROVAL :			consultant APPROVAL					
NAME:			NAME :					
SIGN:			SIGN :					
DATE:			DATE:					