

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

**ACTIVITY:** INSTALLATION OF SLEEVES AND PUDDLE FLANGES.

**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	PRE-QUALIFICATION OF SUB CONTRACTOR	Once (Approval prior to start of activity)	Project specifications and drawings.	--	H	H	
1.2	Shop Drawing Approval	Each Shop Drawing	Project specifications and drawings.	--	H	H	
1.3	Method Statement Approval	Once (Approval prior to start of activity)	Project specifications and drawings.	--	H	H	
<b>2</b>	<b>MATERIAL INSPECTION</b>						
2.1	Check the Material as per approved submittal.	Each Delivery	Project specifications and drawings.	--	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 / Room Wise or As instructed by consultant.	Project specifications and drawings.	--	H	H	
<b>4</b>	<b>AS BUILT DRAWING</b>						
4.1	Maintain site as built drawing	Continually	Project specifications and drawings.	--	W	R	
<b>5</b>	<b>CLOSE OUT</b>						
5.1	Close out non conformance reports.	Each NCR	Project specifications and drawings.	--	H	R	
<b>6</b>	<b>Handover to main Contractor</b>	At End of Work	Project specifications and drawings.	--	H	R	

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:	