| | | | | | | | INSPECTION & TEST PLAN | | | | | |
|---|--|--|----------------------------|------|-------|------------------|------------------------|------------|--|---|--|--|
| | Project Name& Details | | | | | REF. NO. | | | | | | |
| | | | | | | REV. NO. | | | | | | |
| | | | | | | | DATE : | | | | | |
| | | | | | | PAGE : | | 1 OF 1 | | | | |
| | | | | | | | | | | | | |
| ACTIVITY: | INSTALLATION OF ROOF DRAIN, FUNNEL FLOOR DRAIN | & FLOWER BED DRAIN | | | | | | | | | | |
| AREA/LOCATION: | | | | | | | | | | | | |
| ITP approved by CONT Signature: Date: | TRACTOR'S QA/QC: | ITP approved by consultant: Signature: Date: | | | | | | | | | | |
| SERIAL NO. | DESCRIPTION | FREQUENCY | SPECIFICATION/CRITERIA | ! | | INSPECTION LEVEL | | | | VERIFICATION RECORD | | |
| SERIAL NO. | | FREQUENCT | | П | ΓL | CONTRAC | TOR | consultant | | VERIFICATION RECORD | | |
| 1 | DOCUMENTATION | | | | | | | | | | | |
| 1.1 | Shop Drawing Approval | Each Shop Drawing | Project Specifications | | | Н | | Н | | | | |
| 1.2 | Material Approval | Each MAR (prior to start ordering the material) | Project Specifications | | | Н | | Н | | | | |
| 1.3 | Method Statement Approval | Once (Approval prior to start of activity) | Project Specifications | | | Н | | Н | | | | |
| 2 | MATERIAL INSPECTION | | | | | | | | | | | |
| 2.1 | Check the Material as per approved submittal. | During Delivery | Project Specifications | | | Н | | Н | | | | |
| 3 | INSTALLATION INSPECTION | | | | | | | | | | | |
| 3.1 | Check the installation as per approved drawing. Check the physical Installation of pipes & drains. | Area Wise or As instructed by consultant. | Project Specifications | | | Н | | Н | | | | |
| 4 | Testing & Commissioning | | | | | | | | | | | |
| 4.1 | Leakage Test for the pipe works. (Pressure/ LeakTest). | Area Wise or As instructed by consultant. | Project Specifications | | | H/W | | H/W | | | | |
| | LEGEND: | | WITNESS S: SURVEILLANCE | R: R | EVIEV | v | | | | ۱ <u>ــــــــــــــــــــــــــــــــــــ</u> | | |
| | CONTRACTOR APPROVAL | ITP Sign-Of | f post completion of Works | | | | | | | | | |
| | | consultant APPROVAL | | | | | | | | | | |
| | NAME : | NAME : | | | | | | | | | | |
| | SIGN : | | SIGN : | | | | | | | | | |
| | DATE: | | DATE: | | | | | | | | | |