

	Project Name & Details	INSPECTION & TEST PLAN		
		REF. NO.		
		REV. NO.	0	
		DATE :		
			PAGE : 1 OF 1	

ACTIVITY: INSTALLATION OF LIGHTNING PROTECTION SYSTEM

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	
1	DOCUMENTATION						
1.1	Shop Drawing Approval	Each Shop Drawing	Project specifications and drawings.	--	H	H	
1.2	Method Statement Approval	Once (Approval prior to start of activity)	Project specifications and drawings.	--	H	H	
2	MATERIAL INSPECTION						
2.1	Check the Material as per approved submittal.	Each Delivery	Project specifications and drawings.	--	H	H	
3	INSTALLATION INSPECTION						
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	
4	TESTING						
4.1	Check if earthing resistance reading is less than (10) Ohm	Area Wise or As instructed by Consultant.	Project specifications and drawings.	--	H	W10	

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

ITP Sign-Off post completion of Works

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