

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

**ACTIVITY:** UPS System & accessories Installation

**AREA/LOCATION:**

<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
				ITL	CONTRACTOR	Consultant	
<b>1</b>	<b>DOCUMENTATION</b>						
1.1	Shop Drawing Approval	Each Shop Drawing	Project specifications and drawings.	--	R	R	
1.2	Material Approval	Each submittal ( prior to order the material).	Project specifications and drawings.	--	R	R	
1.3	Method Statement Approval	Once (Approval prior to start of activity)	Project specifications and drawings.	--	R	R	
<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.	HV Room	Project specifications and drawings.	--	H	H	

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: