

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

ACTIVITY: Method Statement for Testing & Commissioning of Smoke Management 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
				S/C		CONTRACTOR		consultant		
1	Verification / Validation & Approval Documents									
1.1	Material Approval	Once (Approval prior to start of activity)	Project Specifications	H		H		R		
1.2	Shop Drawing Approval	Each Shop Drawing	Project Specifications	H		H		R		
1.3	Method Statement Approval	Once (Approval prior to start of activity)	Project Specifications	H		H		R		
2	TESTING & COMMISSIONING			--		H		H		
2.1	Pre-commissioning of the System.	Area / Room Wise or As instructed by consultant	Project Specifications	W		W		W		
2.2	Final Testing and Commissioning.	Area / Room Wise or As instructed by consultant	Project Specifications	W		W		H		

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: