

		INSPECTION & TEST PLAN	
		REF. NO.	
		REV. NO. 00	
		DATE :	
		PAGE : 1 OF 1	

ACTIVITY: Transformer Testing and Commissioning

AREA/LOCATION:

ITP approved by CONTRACTOR's QA/QC:

Signature:

Date:

ITP approved by COMPANY:

Signature:

Date:

SERIAL NO.	DESCRIPTION	FREQUENCY	SPECIFICATION/CRITERIA	INSPECTION LEVEL						VERIFICATION RECORD
				ITL		CONTRACTOR		CONS.		
2	Testing and Commissioning									
2.1	Testing and commissioning for the transformer	As per Instructed by Company.	Specifications and approved technical submittals.	--		H		W		

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: