

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

**ACTIVITY:** LV power cables and wires installation

**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	
<b>1</b>	<b>DOCUMENTATION</b>						
1.1	Shop Drawing Approval	Each Shop Drawing	Approved Shop Drawing for Electrical Services and Specs.	--	H	H	
1.2	Material Submittal / Approval	Each MAR (Approval prior to order the material)	Approved Shop Drawing for Electrical Services and Specs.	--	H	H	
1.3	Method Statement Approval	Once (Approval prior to start of activity)	Approved Shop Drawing for Electrical Services and Specs.	--	H	H	
<b>2</b>	<b>MATERIAL INSPECTION</b>						
2.1	Check the Material as per approved submittal.	Each Delivery	Approved Shop Drawing for Electrical Services and Specs.	--	H	H	
<b>3</b>	<b>INSTALLATION INSPECTION</b>						
3.1	Check the installation as per approved drawing. Check the physical Installation of equipment.	Area / Room Wise or As instructed by consultant.	Approved Shop Drawing for Electrical Services and Specs.	--	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: