INSTALLATION OF DOMESTIC WATER PIPING SYSTEM Project: IR No.: Owner: Building No.: Project Manager: Level: Consultant: Date: Main Contractor: CHECKED BY NO. **DESCRIPTION** REMARKS Check that relevant MIR & Shop drawing are 1 approved. Mark the routing as per approved drawing or 2 as per condition on site Check the support are properly fixed as per 3 approved drawings. Check the identification of the services pipes 4 Check the accessories, valves, flexible 5 connector, water meter are porperly installed as per approved drawing. Check the schedule of pipes that installed 6 are correct as per approved drawing. Check the accessibility of the service 7 Hydrostatic testing of the system, 1.5 times 8 working pressure for 2 hours. 9 Check the possible leakage Remarks/Comments (if any): **COMPANY** Name Signature

Date