		INSPECTION & TEST PLAN
		REF. NO.
		REV. NO. 0
		DATE :
		PAGE : 1 OF 1

ACTIVITY: Installation, testing and Commissioning for the Clean Agent System

AREA/LOCATION:

ITP approved by CONTRACTOR's QA/QC:	ITP approved by :
Signature:	Signature:
Date:	Date:

SERIAL NO.	DESCRIPTION	FREQUENCY	SPECIFICATION/CRITERIA	INSPECTION LEVEL			VERIFICATION RECORD
				ITL	CONTRACTOR	Consultant	
1	**DOCUMENTATION**						
1.1	PRE-QUALIFICATION OF SUB CONTRACTOR	Once (Approval prior to start of activity)	**Approved Shop Drawing, Specs. submittals.**	- -	H	H	
1.2	Shop Drawing Approval	Each Shop Drawing	**Approved Shop Drawing, Specs. submittals.**	- -	H	H	
1.3	Method Statement Approval	Once (Approval prior to start of activity)	**Approved Shop Drawing, Specs. submittals.**	- -	H	H	
2	**MATERIAL INSPECTION**						
2.1	Check the Material as per approved submittal.	Each Delivery	**Approved Shop Drawing, Specs. submittals.**	- -	H	H	
3	**INSTALLATION INSPECTION**						
3.1	Check the installation as per approved drawing. Check the physical Installation of equipment.	Area Wise or As instructed by Company.	**Approved Shop Drawing, Specs. submittals.**	- -	H	H	
4	**TESTING**						
4.1	Leakage Test for the Mechanical Pipes	Area Wise or As instructed by Company.	**Approved Shop Drawing, Specs. submittals.**	- -	H	W	
4.2	Pressure Test for the Manifold	Area Wise or As instructed by Company.	**Approved Shop Drawing, Specs. submittals.**	- -	H	W	
4.3	Integrity Test to the rooms	Area Wise or As instructed by Company.	**Approved Shop Drawing, Specs. submittals.**	- -	H	W	
5	**Final Pre- Commissioning & Commissioning**						
5.1	Pre-commissioning & Commissioning for the Full System	Area Wise or As instructed by Company.	**Approved Shop Drawing, Specs. submittals.**	- -	H	W	

LEGEND: H: HOLD W: WITNESS S: SURVEILLANCE R: REVIEW

gn-Off post completion of Works

CONTRACTOR APPROVAL	CONSULTANT APPROVAL
NAME :	NAME :
SIGN :	SIGN :
DATE:	DATE: