

**PROJECT NAME & LOGO**

<b>CHECK LIST FOR:</b> <b>PRE-COMMISSIONING AND COMMISSIONING</b>		<b>Form No:</b>
		<b>Rev. No: 0</b>
<b>SUBCONTRACTOR</b> <input checked="" type="checkbox"/>	<b>CONTRACTOR</b> <input type="checkbox"/>	<b>Page : 1 of 1</b>
<b>SECTION OF WORK:</b>	<b>LOCATION:</b>	
<b>LEVEL:</b>	<b>WIR No.:</b>	
<b>Contract requirements:</b>	<b>System:</b>	
<b>Drawing No(s):</b>	<b>Location:</b>	<b>Date:</b>
<b>To be Witnessed:-</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Reference:</b>	<b>By:</b>

<b>Activities / Item to Inspected</b>	<b>SIGNATURES</b>		
<u><b>MECHANICAL</b></u>	Ok	Not OK	N/A
1. Confirm that the system installation is completed.			
2. Confirm all nozzles are installed and are free from obstructions.			
3. Inspect all system components for any sign of damages, loose fittings etc.			
4. Confirm check valves are installed correctly.			
5. Confirm orifice units are in place and are of correct size and its direction.			
6. Confirm that pneumatic testing of piping is completed (150psi for 10 minutes minimum).			
7. Check that paint touch-up for the damaged areas is completed and accepted.			
8. Confirm that "Puff Test" for Inergen piping is completed.			
9. Confirm that pressure in all the cylinders are in the operable range.			
10. Confirm proper identification is given on equipment.			
<u><b>ELECTRICAL</b></u>			
11. Confirm that panel is operational.			
<b>Warning: Before commissioning activities</b> Ensure that all the actuators are removed from the gas release valves on applicable cylinders before commencing commissioning activities.			
12. Check correct operation of actuators are as per manufacturer's recommendations.			
13. Check operation and function of pressure switches.			
14. Conduct simulation test with electric actuators removed, if required.			
15. Check operation of all the devices are as per Cause and Effect chart			
16. Confirm "Acceptance Certificate" is completed after commissioning of the system.			
<u><b>RESULT ASSESSMENT:</b></u>			

<b>For S/C QA/QC: Date:</b>	<b>FOR CONTRACTOR QA/QC: Date:</b>	<b>For Consultant Rep.: Date:</b>
<b>Name: Sign:</b>	<b>Name: Sign:</b>	<b>Name: Sign:</b>