

Inspection Record for Cabinets/Consoles

Record No.: _____

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Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	Cabinet/Console No.: _____

<u>Additional Information:</u>	Vendor: _____
Location: _____	P.O. No.: _____

Reference Document: _____

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
1.0 Cabinet correctly installed and bolted/fastened				
2.0 Separate of intrinsic and non-intrinsic wiring/ terminations/cabling, cable entry correct				
3.0 System cable correctly installed and supported				
4.0 Coding pin on plug/socket correct				
5.0 Date hiway correctly installed and supported				
6.0 Tagging of all parts and cabinets correct				
7.0 Internal power supply voltage correct				
8.0 Earthing bars and connections correct				
9.0 Earthing of doors correct				
10.0 Earthing of mounted/bolted parts correct				
11.0 Tagging of cable installed				
12.0 Ventilation fans operating correctly				
13.0 Ventilation openings/filters correct				

H - Company's presence is mandatory for all activities in section.
h - Company's presence is mandatory.

Attachments, No. of pages: _____

Accepted for Subcontractor	Accepted for Company	Accepted for Client
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____

* Company only initials for holdpoint

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Client: _____	Subcontractor: _____
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Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected initials/date	
14.0 As built drawings correct				
15.0 Redundancy of power supply correct and tested				
16.0 Internal temperature measurement: Doors closed: _____ °C Doors open: _____ °C				
17.0 Cable entries sealed (Rodentproof)				
18.0				
19.0				
20.0				
21.0				
22.0				

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Name: _____	Name: _____	Name: _____
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