

# Inspection Record for Erection of Flow, Pressure, Level, Switches

Record No.: \_\_\_\_\_

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	

<u>Additional Information:</u>	Tag No.:
Manufacturer:	Area:
P.O. No.:	Reference Document:

Items to inspect	Subcontractor		Company		Remarks
	inspected initials/date	Hold Point	inspected initials/date		
1.0 Which switch type 2.0 Name data in accordance with PID, ISO, specifications and requisitions 3.0 Check correct labelling 4.0 Check physical orientation per constructor instructions 5.0 Check removal facilities 6.0 Not mounted on/or near source of vibrations 7.0 For flow switch, check connections process 8.0 For pressure switch, check adequate bracket and supports 9.0 Check capillary tubing adequately supported and protected against mechanical damage 10.0 For level switch, check that is mounted on the right flange on the vessel 11.0 Visually inspection for damage 12.0 Check cable gland suitable for area classification and tight 13.0 Polarity checks/colors 14.0 Check wire identification 15.0 Check cable identification 16.0 Isolate, or remove, if necessary for pressure testing and reinstate					

H - Company's presence is mandatory for all activities in section. Attachments, No. of pages: \_\_\_\_\_  
 h - Company's presence is mandatory.

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

\* Company only initials for holdpoint