

Inspection & Test Record for Piping Completion & Certificate for Flushing, Pressure Testing, Blowing, Reinstatement & Completion

Record No.: _____

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

Reference Document: (Attach P&ID, isometric drawings and form 26C02)

Items to inspect	Subcontractor		Company		Remarks
	inspected initials/date		Hold Point	inspected* initials/date	
1.0 <u>Preliminary</u> Piping released for flushing and pressure testing (form 26C02 attached)					
2.0 <u>Flushing</u> Pressure Bar Velocity M/s					
3.0 <u>Pressure test</u> Test medium Test pressure Bars (form 26C05 attached)					
4.0 <u>Blowing</u> Blowing medium					
5.0 <u>Reinstatement</u>					
5.1 Reinstatement complete					
5.2 Line released for: - Heat tracing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Painting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Insulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					

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

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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