

Inspection & Test Record for Loop Checks

Record No.: _____

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

<u>Additional Information:</u>	Service:
Loop No.:	Pipe I.D.:
Line or Equipment No.:	Reference Document:

Mechanical/electrical checks

Measuring element: Located correctly, tappings configured correctly, materials and dimensions to specs.

Impulse connection: Hook-up configuration correct, correct to hook-up, materials correct, pressure tested.

Field instruments: Installation correctly, accessible, utilities correct, test certificates available.

Control room/FAR: Installation correct, wiring tested, loop configured, "smart" data downloaded.

Control valves: Installation and configuration correct, color coding correct, failsafe action correct, limit switch(es) set.

Solenoid valve: Installation, configuration and location correct.

Sign. transmission Cable /tuning tests completed.

General Tagging correct, stickers installed.

Measured variable	Tx Output	FAR/DCS	CCR Process Value
0			
50			
100			

Output Signal	I/P Input	I/P Output	Valve Position	Fail Position
0				
50				
100				

Controller Action Check	Solenoid Operation
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Remarks:

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