

Inspection and Test Record for Mixers

Record No.: _____

Client: _____ Project No.: _____ Project Name: _____	Subcontractor: _____ Subcontract P.O. No.: _____ Mixer No.: _____
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Additional Information: _____ Vendor: _____	P.O. No.: _____ Reference Document: _____
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Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
1.0 Mounting flange level (or plumb)				
2.0 Driver direction of rotation				
3.0 Shaft plumb (or level)/straight				
4.0 Concentric/parallel alignments (attach record)				
5.0 End clearance _____ mms				
6.0 Mechanical seal or packing in				
7.0 Coupling cleaned, closed and lubed				
8.0 Shaft turns freely by hand				
9.0 Bearing house flushed and relubed				
10.0 Seal fluid system operable				
11.0 Guards in place				
12.0 Electrical test complete (including earthing)				
13.0 Driver dowelled in place (after run-in)				

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