IWP CABLE TRAY INSTALLATION CHECKLIST

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|  | MAJOR PROJECTS |
| **Appendix - 9** |
| **Department:** | CONSTRUCTION | Number:**PCM-CP-000X-9** |
| **Subject:** | IWP CABLE TRAY INSTALLATION CHECKLIST | Revision: **A** |

| **IWP ID Number:**  | **Date Prepared:**  |
| --- | --- |
| **IWP Description:**  |
| **ITEM DESCRIPTION** | **YES / NO / N/A** | **COMMENTS** |
| Cable Tray For Work Package Onsite And Available For Installation | [ ]  [ ]  [ ]  |  |
| Cable Supports And Material For Support Fabrication Onsite And Available For Installation | [ ]  [ ]  [ ]  |  |
| **Crane(s) to Support Work Package Activities:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Required Rigging And Accessories Onsite And Available To Support Work Package Activities | [ ]  [ ]  [ ]  |  |
| **Transportation Requirements for Materials And Tools Etc.:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Material Requisitions Complete Ready To Be Submitted For Work Package  | [ ]  [ ]  [ ]  |  |
| Materials In Warehouse Bagged And Tagged | [ ]  [ ]  [ ]  |  |
| **Special Training/Qualification Requirements:**a) Safety; SCABA, High Level Rescue Etcb) Equipment Operation; Manlift Etc.c) Otherd) Training Complete | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Permit Requests Complete Ready To Be Submitted For Work Package | [ ]  [ ]  [ ]  |  |
| Safety Items And Concerns Clearly Identified,Listed And Addressed | [ ]  [ ]  [ ]  |  |
| **Hazard Assessments/Requirements:**a) Hazard Identifiedb) Assessment Performedc) Mitigated | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Additional Personnel Protection Equipment Requirements Clearly Identified, Listed, Onsite And Available For Use | [ ]  [ ]  [ ]  |  |
| Inspection And Testing Requirements Clearly Identified And Listed Including Hold And Witness Points | [ ]  [ ]  [ ]  |  |
| QC forms inserted into package for required inspection and sign-off | [ ]  [ ]  [ ]  |  |
| **Third Party Inspection And Testing:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Scaffolding/Manlift Requirements:**a) Identifiedb) Availablec) Scheduledd) Built (Scaffold Only) | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **All Required Drawings, Details And Specifications Included In Work Package:**a) Electrical General Arrangementsb) Tray Installation Detailsc) Tray Grounding Detailsd) Electrical Specificatione) Special Requirementsf) Design Change Noticesg) Request For Informationh) Inspection And Test Plani) Lessons Learned Suggestion Form | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Tray Installation Inspected And Signed-Off As Complete And Ready For Use | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
| **Planner Name (print):** | **Planner Signature:** | **Issue Date:** |
| **Superintendent Name (Print):**  | **Superintendent Signature:**  | **Issue Date:**  |
| **Work Foreman Name:**  | **Work Foreman Signature:** | **Work Start Date:** |
| **Work Foreman Name:**  | **Work Foreman Signature:**  | **Work Completion Date:**  |