IWP ELECTRICAL / INSTRUMENT CABLE INSTALLATION CHECKLIST

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|  | MAJOR PROJECTS |
| **Appendix - 11** |
| **Department:** | CONSTRUCTION | Number:**PCM-CP-000X-11** |
| **Subject:** | IWP ELECTRICAL / INSTRUMENT CABLE INSTALLATION CHECKLIST | Revision: **A** |

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| **IWP ID Number:**  | **Date Prepared:**  |
| **IWP Description:**  |
| **ITEM DESCRIPTION** | **YES / NO / N/A** | **COMMENTS** |
| Cable Tray Installed And Sign-Off Ready For Use | [ ]  [ ]  [ ]  |  |
| Cable Size, Quantity And Installation MaterialsOnsite And Available For Installation | [ ]  [ ]  [ ]  |  |
| Cable Puller Onsite And Available For Use | [ ]  [ ]  [ ]  |  |
| **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 | [ ]  [ ]  [ ]  |  |
| Code Requirements Clearly Identified And Listed | [ ]  [ ]  [ ]  |  |
| QC forms inserted into package for required inspection and sign-off | [ ]  [ ]  [ ]  |  |
| **Third Party Inspection And Testing:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Vendor Requirements:**a) Requiredb) Availablec) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Scaffolding / Manlift Requirements:**a) Identifiedb) Availablec) Scheduledd) Built (Scaffold Only) | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **All Required Drawings, Details And Specifications Included In Work Package:**a) Electrical / Instrumentation General Arrangementsb) Single Line Drawingsc) Cable Installation Detailsd) Cable Termination Schedulee) Specifications:- Electrical- Instrumentationf) Special Requirementsg) Design Change Noticesh) Request For Informationi) Inspection And Test Planj) Lessons Learned Suggestion Form | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **As-Builts:**a) Installed As Per Drawings And Specificationsb) Changes Or Modifications Madec) Changes Or Modifications Recorded And Included on Master As-Builts Drawing Set | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Cable Installed, Inspected And Signed-Off As Complete | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
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| **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:**  |