UPF INSTRUMENTATION INSTALLATION INSPECTION RECORD

Work Package No. _____

Task No.: _____

DMC NUMBER:			**DATE:**
PROJECT NUMBER:		**PROJECT NAME:**	
QUALITY LEVEL:	☐ **QUALITY (Q)** ☐ **RISK SIGNIFICANT (RS)** ☐ **COMMERCIAL CONTROL (CC)**		
INSTRUMENT ID:		**SYSTEM:**	

REFERENCE DOCUMENT NO.:	**REV. NO.:**	**REFERENCE DOCUMENT NO.:**	**REV. NO.:**

ITEM	DESCRIPTION	INSP. TYPE	ACC	REJ	N/A	FE INITIAL/DATE	QCE/PI INITIAL/DATE
1	Verify installed instrument matches the design documents	I	☐	☐	☐		
2	Verify instrument is the correct material, size, type, model, and function for the installation	I	☐	☐	☐		
3	Verify instrument is properly mounted/attached using correct instrument installation details	I	☐	☐	☐		
4	Confirm all manufacturers' installation requirements have been met	R	☐	☐	☐		
5	Verify instrument is mounted at the correct elevation and correct orientation according to design documents	I	☐	☐	☐		
6	Verify the correct mounting hardware is used for installation	I	☐	☐	☐		
7	Verify all instrument packaging and shipping blocks are removed	I	☐	☐	☐		
8	Ensure flexible connection/expansion loops at instrument are according to design documents	I	☐	☐	☐		
9	Verify flexible hoses are installed to manufacturer's specification (flow and bend radii)	I	☐	☐	☐		
10	Verify instrument is properly tagged/ID tags installed	I	☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		

Torque of connections

Torque value_____FT-LBs

M&TE Used_____

Serial Number_____

Calibration Due Date_____

Description of Torque Connection:

COMMENTS:

UPF INSTRUMENTATION INSTALLATION INSPECTION RECORD

(CONTINUATION)

DMC NUMBER:						**DATE:**	
PROJECT NUMBER:		**PROJECT NAME:**					
QUALITY LEVEL: ☐ **QUALITY (Q)** ☐ **RISK SIGNIFICANT (RS)** ☐ **COMMERCIAL CONTROL (CC)**							
INSTRUMENT ID:		**SYSTEM:**					
ITEM	**DESCRIPTION**	**INSP. TYPE**	**ACC**	**REJ**	**N/A**	**FE INITIAL/DATE**	**QCE/PI INITIAL/DATE**
11	Verify instrument is not blocking access to walkways, manways, or other equipment	I	☐	☐	☐		
12	Verify grounding, bonding, shielding and jumpers installed	I	☐	☐	☐		
13	Verify tubing runs are properly sloped and supported in accordance with the Instrument Installation Details	I	☐	☐	☐		
14	Verify all instrument fittings and ferrules are the correct type and connections are in accordance with manufacturer's specifications or applicable standard work practices	R/I	☐	☐	☐		
15	Verify the component label is correct, legible, and attached	R/I	☐	☐	☐		
16	Confirm grouting on instrument stands installed according to design documents	R	☐	☐	☐		
17	Confirm all welds are complete and documented according to drawings and specs	R	☐	☐	☐		
18	Verify instrument is clean and free of debris	I	☐	☐	☐		
19	Verify all air piping is properly supported	R/I	☐	☐	☐		
20	Verify all taps and root valves are accessible and properly oriented	I	☐	☐	☐		
Torque of connections Torque value_____FT-LBs M&TE Used_____ Serial Number_____ Calibration Due Date_____			☐	☐	☐		
		Description of Torque Connection:					
Test Instrument Number:						**Cal Due Date:**	
COMMENTS:							
FE: (print/sign)						**DATE:**	
QCE/PI: (print/sign)						**DATE:**	