



UPF CONTROL VALVE & MOVs INSTRUMENTS INSPECTION RECORD

Work Package No: _____

Task No.: _____

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| DMC NUMBER: | | DATE: | | | | | |
|---|---|------------------|--------------------------------|-----|-----|-------------------|-----------------------|
| PROJECT NUMBER: | | | PROJECT NAME: | | | | |
| QUALITY LEVEL: <input type="checkbox"/> QUALITY (Q) <input type="checkbox"/> RISK SIGNIFICANT (RS) <input type="checkbox"/> COMMERCIAL CONTROL (CC) | | | | | | | |
| EQUIPMENT 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 |
| All Control Valves, On-Off Valves and MOVs | | | | | | | |
| 1 | Verify nameplate stamping against drawings, specifications, and or instrument data sheets | I | | | | | |
| 2 | Verify fail action of device | I | | | | | |
| 3 | Verify correct control action of device | I | | | | | |
| 4 | Verify bench set and proper seating | I | | | | | |
| 5 | Verify all accessories are functional and calibrated correctly, i.e., I/P, positioners, limit switches, solenoid valves, if applicable | I | | | | | |
| MOVs | | | | | | | |
| 1 | Verify wiring using the electrical schematic and functionally check/calibrate, if required, the electrical power disconnect, motor controller, OL heaters, torque switch settings, limit switch type and action. NOTE: To avoid damage to the MOV, before energizing the first time, manually crank the MOV to mid-position. Momentarily energize to check valve movement in the right direction. | I | | | | | |
| 2 | Pay close attention to valve type when determining whether the motor is to cut out on torque or limit when the valve travels to the closed position. Slide gates and butterfly valves are typically set up to open and close on limit. All other valves are typically set up to close on torque. | I | | | | | |
| 3 | Verify shipping blocks and packing are removed | I | | | | | |
| 4 | Calibrated in accordance with manufacture's instructions | R/I | | | | | |
| Test Results | | | | | | | |
| 1 | Review all test results on the Instrument Calibration Records (Attachment A or B) | R | | | | | |
| 2 | Verify all test results for the above meet test acceptance criteria for the project | R | | | | | |
| 3 | Verify ranges and set points are in accordance with the instrument index | I | | | | | |
| COMMENTS: | | | | | | | |
| FE: (print/sign) | | | | | | DATE: | |
| QCE/PI: (print/sign) | | | | | | DATE: | |