



Penetration Closure/Seal Inspection Report (CSIR)

Work Package No: _____

Task No.: _____

INSPECTION RECORD NO.:		DATE:			
SAFETY CLASS: <input type="checkbox"/> Q <input type="checkbox"/> RS <input type="checkbox"/> CC		INSTALLER BADGE No.			
START UP SYSTEM NO.:		PENETRATION ID:		AREA:	
REFERENCE DOCUMENT NO.	REV. NO.	REMARKS			
ITEM	ACCEPT	N/A	FE/DATE	QCE/DATE	
1. Penetration ID is correct					
2. Closure type:					
3. Material type:					
4. Verify material shelf life is not expired					
5. Verify mixing of components					
6. Closure material mixed properly					
7. Verify penetration is clean and substrate prep					
8. Verify backing material					
9. Verify installation					
10. Verify pot life is not expired					
11. Number of days for cure _____					
12. Date cure complete _____					
13. Final inspection of cured penetration seal					
14. Calibrated Equipment Used M&TE Used _____ Serial Number _____ Calibration Due Date _____					
List Project or Component Specific Attributes Below					
COMMENTS:					
FIELD ENGINEER:			DATE:		
QUALITY CONTROL ENGINEER:			DATE:		