

	Project Name & Details	<b>INSPECTION &amp; TEST PLAN</b>			
		REF. NO. _____			
		REV. NO. _____			
		DATE : _____			
		PAGE : 1 OF 1			

**ACTIVITY:** INSPECTION & TEST PLAN Method Statement for Testing & Commissioning of Smoke Management System  
**AREA/LOCATION:**

<b>ITP approved by CONTRACTOR's QA/QC:</b> Signature: _____ Date: _____	<b>ITP approved by consultant:</b> Signature: _____ Date: _____
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SERIAL NO.	DESCRIPTION	FREQUENCY	SPECIFICATION/CRITERIA	INSPECTION LEVEL						VERIFICATION RECORD
				S/C		CONTRACTOR		consultant		
<b>1</b>	<b>Verification / Validation &amp; Approval Documents</b>									
1.1	Material Approval	Once (Approval prior to start of activity)	Project Specifications	H		H		R		
1.2	Shop Drawing Approval	Each Shop Drawing	Project Specifications	H		H		R		
1.3	Method Statement Approval	Once (Approval prior to start of activity)	Project Specifications	H		H		R		
<b>2</b>	<b>TESTING &amp; COMMISSIONING</b>			--		H		H		
2.1	Pre-commissioning of the System.	Area / Room Wise or As instructed by consultant	Project Specifications	W		W		W		
2.2	Final Testing and Commissioning.	Area / Room Wise or As instructed by consultant	Project Specifications	W		W		H		

LEGEND: H: HOLD W: WITNESS S: SURVEILLANCE R: REVIEW  
 ITP Sign-Off post completion of Works

<b>CONTRACTOR APPROVAL</b>	<b>consultant APPROVAL</b>
NAME : _____	NAME : _____
SIGN : _____	SIGN : _____
DATE: _____	DATE: _____