

Appendix - 9

Department:	CONSTRUCTION	Number: PCM-CP-000X- 9
Subject:	FIWP CABLE TRAY INSTALLATION CHECKLIST	Revision: A

FIWP ID Number:		Date Prepared:
FIWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Cable Tray For Work Package Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cable Supports And Material For Support Fabrication Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Required Rigging And Accessories Onsite And Available To Support Work Package Activities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Transportation Requirements For Materials And Tools Etc.:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Material Requisitions Complete Ready To Be Submitted For Work Package	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Materials In Warehouse Bagged And Tagged	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Special Training / Qualification Requirements:		
a) Safety; SCABA, High Level Rescue Etc	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Equipment Operation; Manlift Etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Training Complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Permit Requests Complete Ready To Be Submitted For Work Package	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Safety Items And Concerns Clearly Identified, Listed And Addressed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Hazard Assessments / Requirements:		
a) Hazard Identified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Assessment Performed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Mitigated	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Additional Personnel Protection Equipment Requirements Clearly Identified, Listed, Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Inspection And Testing Requirements Clearly Identified And Listed Including Hold And Witness Points	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
QC forms inserted into package for required inspection and sign-off	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Third Party Inspection And Testing:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Scaffolding / Manlift Requirements:		

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a) Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specifications Included In Work Package:			
a) Electrical General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tray Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tray Grounding Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Electrical Specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tray Installation Inspected And Signed-Off As Complete And Ready For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: