

Appendix - 11

Department:	CONSTRUCTION	Number: PCM-CP-000X-11
Subject:	FIWP ELECTRICAL / INSTRUMENT CABLE INSTALLATION CHECKLIST	Revision: A

FIWP ID Number:		Date Prepared:	
FIWP Description:			
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS	
Cable Tray Installed And Sign-Off Ready For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Cable Size, Quantity And Installation Materials Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Cable Puller Onsite And Available For Use	<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"/>		
Code Requirements Clearly Identified And Listed	<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:			

Appendix - 11

Department:	CONSTRUCTION	Number: PCM-CP-000X-11
Subject:	FIWP ELECTRICAL / INSTRUMENT CABLE INSTALLATION CHECKLIST	Revision: A

a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor Requirements:			
a) Required	<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"/>
Scaffolding / Manlift Requirements:			
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 / Instrumentation General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Single Line Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cable Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cable Termination Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Specifications:			
- Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-Builts:			
a) Installed As Per Drawings And Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Changes Or Modifications Made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Changes Or Modifications Recorded And Included on Master As-Builts Drawing Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Installed, Inspected And Signed-Off As Complete	<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:

		MAJOR PROJECTS
		Appendix - 11
Department:	CONSTRUCTION	Number: PCM-CP-000X-11
Subject:	FIWP ELECTRICAL / INSTRUMENT CABLE INSTALLATION CHECKLIST	Revision: A

Work Foreman Name:	Work Foreman Signature:	Work Completion Date: