

Appendix - 10

Department:	CONSTRUCTION	Number: PCM-CP-000X- 10
Subject:	FIWP ELECTRICAL JUNCTION BOX INSTALLATION CHECKLIST	Revision: A

FIWP ID Number:		Date Prepared:	
FIWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
Junction Boxes For Work Package Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is CSA Approval / Inspection:			
a) Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junction Box 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"/>
Code Requirements Clearly Identified And Listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC forms inserted into package for required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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inspection and sign-off		
Third Party Inspection And Testing:		
a) Available	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
Vendor Requirements:		
a) Required	<input type="checkbox"/>	<input type="checkbox"/>
b) Available	<input type="checkbox"/>	<input type="checkbox"/>
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding / Manlift Requirements:		
a) Identified	<input type="checkbox"/>	<input type="checkbox"/>
b) Available	<input type="checkbox"/>	<input type="checkbox"/>
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
d) Built (Scaffold Only)	<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"/>
b) Junction Box Installation Details	<input type="checkbox"/>	<input type="checkbox"/>
c) Junction Box Grounding Details	<input type="checkbox"/>	<input type="checkbox"/>
d) Electrical Specification	<input type="checkbox"/>	<input type="checkbox"/>
e) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>
f) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>
g) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>
h) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>
i) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>
Junction Box Installed, Inspected And Signed-Off As Complete and Ready For Termination	<input type="checkbox"/>	<input type="checkbox"/>
As-Builts:		
a) Installed As Per Drawings And Specifications	<input type="checkbox"/>	<input type="checkbox"/>
b) Changes Or Modifications Made	<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"/>
Junction Box 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"/>
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: