

# Appendix - 12

Department:	<b>CONSTRUCTION</b>	Number: <b>PCM-CP-000X-12</b>
Subject:	<b>FIWP INSTRUMENT RACEWAY INSTALLATION CHECKLIST</b>	Revision: A

<b>FIWP ID Number:</b>		<b>Date Prepared:</b>		
<b>FIWP Description:</b>				
ITEM DESCRIPTION	YES	NO	N/A	COMMENTS
Raceway For Work Package Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raceway Supports And Material For Support Fabrication Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Crane(s) To Support Work Package Activities:</b>				
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"/>	
<b>Transportation Requirements For Materials And Tools Etc.:</b>				
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"/>	
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"/>	
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 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"/>	
<b>Third Party Inspection And Testing:</b>				
A) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scaffolding / Manlift Requirements:</b>				
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"/>	
<b>All Required Drawings, Details And Specifications Included In Work Package:</b>				
a) Instrumentation General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Raceway Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Raceway Grounding Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Instrumentation 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"/>	

		MAJOR PROJECTS
		<b>Appendix - 12</b>
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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"/>	
Raceway 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"/>	
<b>Planner Name (print):</b>	<b>Planner Signature:</b>		<b>Issue Date:</b>	
<b>Superintendent Name (Print):</b>	<b>Superintendent Signature:</b>		<b>Issue Date:</b>	
<b>Work Foreman Name:</b>	<b>Work Foreman Signature:</b>		<b>Work Start Date:</b>	
<b>Work Foreman Name:</b>	<b>Work Foreman Signature:</b>		<b>Work Completion Date:</b>	