

# Appendix - 8

Department:	<b>CONSTRUCTION</b>	Number: <b>PCM-CP-000X-8</b>
Subject:	<b>FIWP INSULATION CHECKLIST</b>	Revision: A

<b>FIWP ID Number:</b>		<b>Date Prepared:</b>		
<b>FIWP Description:</b>				
ITEM DESCRIPTION	YES	NO	N/A	COMMENTS
<b>Piping / Equipment Ready For Insulation Installation:</b>				
a) Fabrication Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Hydrotesting Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Tracing Installed And Verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Release For Insulation Signed-Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type And Thickness Of Insulation Clearly Identified And Listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type Of Cladding And Thickness Clearly Identified And Listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Crane(s) To Support Work Package Activities:</b>				
a) Onsite	<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"/>	
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"/>	
<b>Special Training / Qualification Requirements:</b>				
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"/>	
<b>Hazard Assessments / Requirements:</b>				
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Subject:	<b>FIWP INSULATION CHECKLIST</b>	Revision: A

inspection and sign-off		
<b>Third Part Inspection And Testing:</b>		
a) Available	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vendor Requirements:</b>		
a) Required	<input type="checkbox"/>	<input type="checkbox"/>
b) Available	<input type="checkbox"/>	<input type="checkbox"/>
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
<b>Scaffolding / Manlift Requirements:</b>		
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"/>
<b>Man Basket Requirements:</b>		
a) Identified	<input type="checkbox"/>	<input type="checkbox"/>
b) Available	<input type="checkbox"/>	<input type="checkbox"/>
d) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
<b>All Required Drawings, Details And Specifications Included In Work Package:</b>		
a) Piping / Equipment; Drawings To Be Insulated	<input type="checkbox"/>	<input type="checkbox"/>
b) Signed Copy Of Release For Insulation	<input type="checkbox"/>	<input type="checkbox"/>
c) Insulation Details	<input type="checkbox"/>	<input type="checkbox"/>
d) Insulation 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"/>
Insulation And Cladding Installed, Inspected And Sign-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"/>

<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>