

# Appendix - 5

Department:	<b>CONSTRUCTION</b>	Number: <b>PCM-CP-000X-5</b>
Subject:	<b>FIWP PIPING CHECKLIST</b>	Revision: A

<b>FIWP ID Number:</b>		<b>Date Prepared:</b>		
<b>FIWP Description:</b>				
ITEM DESCRIPTION	YES	NO	N/A	COMMENTS
Bulk Piping And Fittings Clearly Identified, Listed, Onsite And Available For Fabrication (Size, Type, Quantity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fabrication Area Designated And Available For Use Including Power, Welder Pack's Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Tools, Tents, Stands Etc. Onsite And Available For Use In Fabrication Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Pre-Fabricated (On/Off Site) Spools Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Pipe Supports, Guides, Anchors Etc. Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Valves Clearly Identified, Listed, Onsite And Ready For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valve Handwheel/Actuator Orientation Clearly Identified And Marked On Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Inline Instruments Clearly Identified, Listed, Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inline Instrument Orientation Clearly Identified And Marked On Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Spools Built, Tagged, Onsite And Ready For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Isolation Kit:</b>				
a) Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Onsite And Ready For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Piping Items Clearly Identified, Listed, Onsite And Ready For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Crane(s) To Support Work Package:</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 Equipment, Piping Components, Pipe Spools, 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"/>	
Special Tool Requirements Clearly Identified, Listed, Onsite And Available For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Field Supplied Material Onsite And Available For Use	<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"/>	

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<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 Protective 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"/>
<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>Vendor Requirements:</b>			
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"/>
<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 Specification Included In Work Package:</b>			
a) Pipe Spec's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sections And Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Isometrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) As-Built Spool Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Weld Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Support Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Approved Welding Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		MAJOR PROJECTS
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<b>As-Builts:</b>		
a) Piping 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"/>	
	<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>