

Appendix - 7

Department:	CONSTRUCTION	Number: PCM-CP-000X-7
Subject:	FIWP TRACING INSTALLATION CHECKLIST (STEAM / GLYCOL)	Revision: A

FIWP ID Number:		Date Prepared:		
FIWP Description:				
ITEM DESCRIPTION	YES	NO	N/A	COMMENTS
Piping, Equipment, Manifolds Etc. Clearly Identified, Listed And Ready For Tracing Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Requirements For Tracing Materials, 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"/>	
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:				
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"/>	
Scaffold / 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"/>	

		MAJOR PROJECTS
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d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specifications Included In Work Package:			
a) Tracing Isometrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Manifold Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tracing Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Tracing 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"/>
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"/>
Tracing (To/From) Verified, Signed-Off And Manifold Schedule Updated	<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:
Work Foreman Name:	Work Foreman Signature:		Work Completion Date: