

# Appendix - 3

Department:	<b>CONSTRUCTION</b>	Number: <b>PCM-CP-000X-3</b>
Subject:	<b>FIWP UNDERGROUND 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
Excavation Complete And Bedding Installed Ready for Piping Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bulk Piping And Fittings Clearly Identified, Listed, Onsite And Available for Installation (Size, Type Quantity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydrants, Isolation Kits, Pressure Indicator Valves Etc. Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prefabricated (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"/>	
Manholes Onsite And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Other Installation Consumables Onsite And Available for Use (Jointing Compound etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coating And Wrap Material (Including Touch-Up) Onsite And Available	<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 Equipment, Piping Material, Spools, 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"/>	
Special Tool Requirements Clearly Identified, Listed, Onsite And Available For Use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backfill Material Onsite, Stockpiled And Available For Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Earthwork Equipment Onsite, Available Ready To 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"/>	
<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"/>	
<b>Excavation Shoring Requirements:</b>				

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a) Shoring Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Shoring Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Signed-Off And Safe To Use	<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 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>Surveyor For Piping Layout And As-Builts:</b>			
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveying And Layout Complete For Initial Piping Installation Work	<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"/>

		MAJOR PROJECTS
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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"/>
<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>