

**VERIFICATION INSPECTION CHECKLIST**



TRADE: Electrical / Lighting

Date: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Lot No.: \_\_\_\_\_

**SWITCHBOARD CHECKLIST**

HP = Hold Point W = Witness

Item	✓ / X	Description
1	<input type="checkbox"/>	<b>Position</b> Positions and alignments approved
2	<input type="checkbox"/>	<b>Check existing switchboard</b>
	<input type="checkbox"/>	Check main switch type
	<input type="checkbox"/>	Check no of circuit breakers and fuses
	<input type="checkbox"/>	Check rating of circuit breakers
	<input type="checkbox"/>	Check fault Rating
	<input type="checkbox"/>	Check Switchboard Mounting
	<input type="checkbox"/>	Ensure all cables terminated and lugged
	<input type="checkbox"/>	Ensure bus bars and links secured
	<input type="checkbox"/>	Ensure bypass switches operate properly
	<input type="checkbox"/>	Check earth leakage circuit breakers operating
	<input type="checkbox"/>	Check Neutral Corrections
	<input type="checkbox"/>	Check Earth Connections
	<input type="checkbox"/>	Check Circuit breaker connections
3	<input type="checkbox"/>	<b>Tests -</b>
	<input type="checkbox"/>	Insulation resistance of busbards
	<input type="checkbox"/>	Function
	<input type="checkbox"/>	Operation
4	<input type="checkbox"/>	<b>Final Inspection - Guarantees / Performance Certificates / As Builts</b>

**FITTINGS CHECKLIST**

HP = Hold Point W = Witness

**Approved Products**

Product Manufacturer	Product Name	Location	Location Use

Item	✓ / X	Description
1	<input type="checkbox"/>	<b>Set out</b> Positions and alignments approved
2	<input type="checkbox"/> W	<b>Incoming inspection</b> Quantity - Type -
3	<input type="checkbox"/>	<b>Installation</b> - location verified, spacing correct
4	<input type="checkbox"/>	<b>Testing</b> - luminaire level - rating checked / test for operation
5	<input type="checkbox"/>	<b>Upon Completion</b> - Guarantees / Performance Certificates / As Builts

<b>Work completed by (Subcontractor Name / Sign):</b>	Date:
<b>Work Inspected by (Proline Name/ Sign):</b>	Date:
<b>Work Inspected (if required) by (Client Name/ Sign):</b>	<b>Re-inspection Required</b> <b>Yes</b> <b>No</b> <input type="checkbox"/>
<b>Issues to be rectified before re-inspection:</b>	<b>Proposed Date:</b>

For Proline use only: If appropriate, circle reason for quality deviation: or Other: \_\_\_\_\_

Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Other
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**Feedback:** Items that became apparent during inspection that should be considered in future process: