

Hotel VIP Resort & Spa
Lagoon Road
Main Beach

2656 125 - AML INCIDENT INVESTIGATION FORM

Details

Project	Hotel VIP Resort & Spa
Organization	Conglomo Constructions Private Limited
Location	Park Avenue > 101
Status	Open
Due Date	
Created by	Gopal Krishna on Tuesday 13 July, 2021, 9:40:49 PM
Modified by	Gopal Krishna on Tuesday 28 September, 2021, 11:19:19 AM
Downloaded	Monday 18 October, 2021, 3:31:09 PM
Template	125 - AML Incident Investigation Form
Description	
Progress	0%

CxA: Primary Integration

Equipment / System Type

Level 2 QA/QC

E 2.01 Diesel Generator

Standard Information

Description	Level 2 QA/QC CxA Verification Checklist
Procedure Number	E 2.01
Author	
Category	
Sub Category	

Revision

Revision Number	1.0
Date Issued for Review	
Approved Date	

Revision History

Revision	Date	Revision Notes
1.0		Initial Release

Approval History

Revision 1.0

Department	Name	Date
DCE		
DCOPS ENG		
DCD Cx Manager		

Standard Content

PURPOSE:

This procedure is to be used when verifying the completion of Level 2 QA/QC inspection forms at the DM1 project site. This form is part of Microsoft’s Commissioning Plan of Record (CxPoR) for equipment or systems specified within this document. Additional items may be incorporated to this form to make it project specific.

This form will be utilized to verify that the Level 2 QA/QC component inspection forms have been completed, that all associated documentation has been received and stored, the equipment or systems have been received and installed properly and without damage, and the equipment or system is ready for vendor startup.

DETAIL:

SAFETY of Personnel and Equipment:

Identify and perform appropriate “Lock out/tag out” and safety rules.

A job safety assessment (JSA) has been completed.

All appropriate PPE has been identified for the listed equipment

Unit

- 1. Name
- 2. ID
- 3. Location

Comments:

Documentation Submitted

Verify that the following documentation has been received and stored with the project documentation

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Manufacturer’s Cut Sheet. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Performance Data. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Installation Manual. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Handling and Rigging Instruction. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Startup Procedure. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 6. Operation and Maintenance Manual. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7. Factory Reports as Required. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 8. Level 2 Site Inspection Form Completed and Submitted for Review. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 9. Verify any noted deficiencies from Level 2 Site Inspections have been recorded as a deficiency. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. An approved and complete coordination study (as applicable). | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 11. An approved and complete Arc Flash study (as applicable). | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Documentation Submitted Comments:

Model Verification

1. Manufacturer	Description	As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
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2. Model #		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Serial #		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Volts		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Phase/Wire		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
6. KVA/KW		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
7. RPM/Frequency		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Output Breaker Rating		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Battery Voltage		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Day Tank Volume		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Day Tank Fuel Transfer Pump Voltage		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Enclosure Lighting		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Enclosure Louver motor voltage		As Specified Yes <input type="checkbox"/> No <input type="checkbox"/>	As Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	As Installed Yes <input type="checkbox"/> No <input type="checkbox"/>

Model Verification Comments:

Physical Installation

1. Visual and Mechanical Inspection

a. Verify equipment received as ordered.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b. Verify all parts shipped loose or separate are installed or available for installation and free of damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c. Check for damage to the interior and exterior of unit.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d. Verify unit connections points (pipe, electrical, duct, etc...) align with project drawings.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e. Verify all ductwork or openings are protected and covered to prevent debris intrusion.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
f. Verify all shipping bolts and other materials have been removed for installation.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

g. Verify that unit is stored in a location that allows protection from damage or debris intrusion (if not being installed upon arrival to site).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
h. Verify that ground connection point is clean, smooth, bare metal.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Pre-Startup Inspection

1. General			
a. Unit name plate (unit ID or tag) is installed and correct.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Electrical			
a. Verify unit properly grounded.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b. Power disconnect labeled and installed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c. Verify breaker size is correct with Electrical drawings.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
d. All electrical connections are torqued properly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3. Prerequisite before Startup			
a. Permanent power available for startup.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b. All interconnected equipment or systems necessary for safe operation is available for operation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c. All shields, guards, or other safety devices required for safe operation are installed and in good order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
d. All shipping materials, debris or other foreign objects have been removed from unit and there are no stored materials (exception of typical items, i.e. spare fuses, handles, etc...) located within unit cabinets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
e. Piping, conduit, and duct connections complete and secure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
f. Settings such as breaker settings, relay settings, thermal overload device settings, sensor settings, etc... have been verified to match design parameters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Physical Installation Comments:

Approval Signatures

The above equipment and systems integral to them are complete and deemed ready for vendor startup. The checklist items are complete and have been checked off only by parties having direct knowledge of the event, as marked below, respective to each responsible contractor. This QA/QC CxA checklist is submitted for

approval, subject to an attached list of outstanding items yet to be completed. A Statement of Correction will be submitted by the vendor or GC upon completion of any outstanding areas. None of the outstanding items preclude safe and reliable startup testing being performed.

GC		Print		Signature		Date	
Sub		Print		Signature		Date	
Manf		Print		Signature		Date	
CxA		Print		Signature		Date	

External Reference

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