

IWP CABLE TRAY INSTALLATION CHECKLIST

		MAJOR PROJECTS
		Appendix - 9
Department:	CONSTRUCTION	Number: PCM-CP-000X-9
Subject:	IWP CABLE TRAY INSTALLATION CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:
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IWP Description:

ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Cable Tray For Work Package Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cable Supports And Material For Support Fabrication Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) to Support Work Package Activities:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) 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"/>	
Transportation Requirements for Materials And 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"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
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"/>
Scaffolding/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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specifications Included In Work Package:			
a) Electrical General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tray Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tray Grounding Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Electrical 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"/>
Tray Installation Inspected And Signed-Off As Complete And Ready For Use	<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:	

IWP CIVIL FOUNDATIONS AND PILE CAPS CHECKLIST

		MAJOR PROJECTS
		Appendix - 2
Department:	CONSTRUCTION	Number: PCM-CP-000X-2
Subject:	IWP CIVIL FOUNDATIONS AND PILE CAPS CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Required Rebar Onsite And Available for Use:		
a) Type	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Sizes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Quantity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Prefabricated (On/Off Site) Rebar Cages Made And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Form Materials Onsite And Available for Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pre-Built (On or Off Site) Forms Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Embed Requirements Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Anchor Bolt Requirements:		
a) Type Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Material Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Length Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Anchor Bolt Templates Clearly Identified, Tagged, Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Slide Plate Requirements Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
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"/>	
Transportation Requirements For Equipment, Material, Forms, Tools Etc.:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
Special Tool Requirements Clearly Identified, Listed, Onsite And Available For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Requirements Type And Quantity:			
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"/>
Excavation Shoring Requirements:			
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"/>
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 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"/>
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"/>
Scaffolding / 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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveyor For Foundation Layout:			

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION		YES / NO / N/A	
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 Foundation Work		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Release And Ready To Pour Concrete Signed-Off		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Required Drawings, Details And Specification Included In Work Package:			
a) Foundation Location Plan General Arrangement		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Foundation Details		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Rebar Cage Details		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Design Change Notices		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e) Request For Information		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f) Inspection And Test Plan		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
g) Lessons Learned Suggestion Form		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Foundation / Pile Caps Installed, Inspected And Signed-Off As Complete		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
As-Builts:			
a) Foundations 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"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Planner Name (print):		Planner Signature:	
Superintendent Name (Print):		Superintendent Signature:	
Work Foreman Name:		Work Foreman Signature:	
Work Foreman Name:		Work Foreman Signature:	
		Issue Date:	
		Issue Date:	
		Work Start Date:	
		Work Completion Date:	

IWP CIVIL PILING CHECKLIST

		MAJOR PROJECTS
		Appendix - 1
Department:	CONSTRUCTION	Number: PCM-GF-000X-1
Subject:	IWP CIVIL PILING CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:
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IWP Description:

ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Cable Tray For Work Package Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cable Supports And Material For Support Fabrication Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) to Support Work Package Activities:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) 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"/>	
Transportation Requirements for Materials And 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"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
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"/>
Scaffolding/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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specifications Included In Work Package:			
a) Electrical General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tray Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tray Grounding Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Electrical 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"/>
Tray Installation Inspected And Signed-Off As Complete And Ready For Use	<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:

IWP ELECTRICAL / INSTRUMENT CABLE INSTALLATION CHECKLIST

		MAJOR PROJECTS
		Appendix - 11
Department:	CONSTRUCTION	Number: PCM-CP-000X-11
Subject:	IWP ELECTRICAL / INSTRUMENT CABLE INSTALLATION CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Cable Tray Installed And Sign-Off Ready For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cable Size, Quantity And Installation Materials Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cable Puller Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) 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"/>	
Transportation Requirements For Materials And 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"/>	
Code Requirements Clearly Identified And Listed	<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"/>	
Scaffolding / 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"/>	
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Required Drawings, Details And Specifications Included In Work Package:				
a) Electrical / Instrumentation General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Single Line Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Cable Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Cable Termination Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Specifications:				
- Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As-Builts:				
a) 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"/>	
Cable Installed, Inspected And Signed-Off As Complete	<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:

IWP ELECTRICAL JUNCTION BOX INSTALLATION CHECKLIST

		MAJOR PROJECTS
		Appendix - 10
Department:	CONSTRUCTION	Number: PCM-CP-000X-10
Subject:	IWP ELECTRICAL JUNCTION BOX INSTALLATION CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Junction Boxes For Work Package Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is CSA Approval / Inspection:		
a) Required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Junction Box Supports And Material For Support Fabrication Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) 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"/>	
Transportation Requirements For Materials And 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,	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
Listed And Addressed			
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"/>
Code Requirements Clearly Identified And Listed	<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"/>
Scaffolding / 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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specifications Included In Work Package:			
a) Electrical General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Junction Box Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Junction Box Grounding Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Electrical 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"/>
Junction Box Installed, Inspected And Signed-Off As Complete and Ready For Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-Builts:			
a) 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"/>
Junction Box Installed, Inspected And Signed-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION		YES / NO / N/A	COMMENTS
Off As Complete			
		<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:

IWP EQUIPMENT SETTING CHECKLIST

		MAJOR PROJECTS
		Appendix - 6
Department:	CONSTRUCTION	Number: PCM-CP-000X-6
Subject:	IWP EQUIPMENT SETTING CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Foundation Complete Ready For Equipment:		
a) Anchor Bolts Checked And Correctly Located	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Threads Not Damaged And Lubrication Applied	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Latent's Removed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Shim Blocks Set To Height And Grouted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e) Base Top Prepped Ready For Grout	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Equipment Location:		
a) Onsite	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Laydown Area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) In Transit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Equipment Type:		
a) Static	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Rotating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is CSA Approval / Inspection:		
a) Required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lift Plan In Place And Ready For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Engineered Rigging Study Required:		
a) Complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Reviewed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Authorized For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
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 Packager Activities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Area Where Crane To Be Set-Up:		
a) Soils Report Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
b) Area Reviewed for Access And Obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Matting Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Matting In Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Requirements For Equipment, Rigging, 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 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"/>
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"/>
Surveyor For Tower / Vessel Alignment:			
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding / Manlift Requirements:			
a) Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION		YES / NO / N/A	
c) Scheduled		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Built (Scaffold Only)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Required Drawings, Details And Specifications Included In Work Package:			
a) Foundation Details		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Grout Details And Specifications		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Special Requirements		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Design Change Notices		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e) Requires For Information		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f) Inspection And Test Plan		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
g) Lessons Learned Suggestion Form		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tower / Vessel Aligned, Inspected And Signed Off As Complete		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Rotating Equipment Preliminary Aligned, Inspected And Signed-Off As Complete		<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:	
Superintendent Name (Print):		Superintendent Signature:	
Work Foreman Name:		Work Foreman Signature:	
Work Foreman Name:		Work Foreman Signature:	
		Issue Date:	
		Issue Date:	
		Work Start Date:	
		Work Completion Date:	

IWP HYDROTESTING CHECKLIST

		MAJOR PROJECTS
		Appendix - 14
Department:	CONSTRUCTION	Number: PCM-CP-000X-14
Subject:	IWP HYDROTESTING CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Hydrotest Package Shall:		
a) Be Assigned A Unique Identification Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Be Listed In Hydrotest Log	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Have Clearly Identified Limits Indicated On Master Hydrotest P&ID's	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
System, Spool, Tubing Etc To Be Tested Shall Have ID Number And Limits Clearly Indicated And Marked On Package Drawings And Documents	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Blinds, Paddles, Gaskets And Bolts Required For Hydrotest Clearly Identified, Listed, Onsite And Ready For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Inline Instruments To Be Removed And Blinds Or Temporary Spools Installed Clearly Identified And Listed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Valve Handwheel/Actuator Positions (Open/Closed) Clearly Indicated And Marked On Drawings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Check Valve Flappers To Be Removed For Test Clearly Indicated And Marked On Drawings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Welded Attachment Welded Prior to Filling With Water	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Release For Hydrotesting Signed-Off By QC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package:		
Onsite	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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"/>	
Transportation Requirements For Testing Equipment, Temporary Spools, Materials And Tools Etc.:		

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Hydrotesting Equipment Onsite, Calibrated (Up To Date) And Available For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotest Water:			
a) Is There A Requirement For Desalinated Water For Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Water Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Scheduled For Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotest Water Disposal Requirements Clearly Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Inspection Required:			
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"/>
Scaffolding / 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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		
COMMENTS			
All Required Drawings, Details And Specifications Included In Hydrotest Work Package:			
a) Hydrotest Sign-Off Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) P&ID's Clearly Marked With Hydrotest Limits (As-Built)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Isometrics Clearly Marked With Hydrotest Limits (As-Built)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) General Arrangements Clearly Marked With Hydrotest Limits (As-Built)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Line Designation Table (Line List) Indicating Lines To Be Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Pipe Support Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Design Change Notices (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Request For Information (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) QC Release For Testing (Signed-Off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Hydrotest Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE:			
All Documents Included In Hydrotest Package Shall Be Clearly Marked With Hydrotest Package Identification Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotest System / Package Status:			
a) Hydrotest Package Prepared Ready For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hydrotest System Ready For Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydrotest Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Sign-Off Sheet Signed By All Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) System Ready For Reinstatement	<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:

IWP INSTRUMENT INSTALLATION CHECKLIST

		MAJOR PROJECTS
		Appendix - 13
Department:	CONSTRUCTION	Number: PCM-CP-000X-13
Subject:	IWP INSTRUMENT INSTALLATION CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Instrument Tray/Raceway Installed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Instruments And Installation Materials Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is CSA Approval / Inspection:		
a) Required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) 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"/>	
Transportation Requirements For Instruments, Materials And 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"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
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"/>
a) 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"/>
Scaffolding / Manlift Requirements:			
Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specifications Included In Work Package:			
a) Instrument General Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Single Line Diagrams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cable Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cable Termination Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Tubing Installation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Instrumentation Specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Lessons Learned Suggestion Form	<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"/>
	<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:	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION		YES / NO / N/A	COMMENTS
Work Foreman Name:	Work Foreman Signature:	Work Completion Date:	

IWP INSTRUMENT RACEWAY INSTALLATION CHECKLIST

		MAJOR PROJECTS
		Appendix - 12
Department:	CONSTRUCTION	Number: PCM-CP-000X-12
Subject:	IWP INSTRUMENT RACEWAY INSTALLATION CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Raceway For Work Package Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Raceway Supports And Material For Support Fabrication Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) 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"/>	
Transportation Requirements For Materials And 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"/>	
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"/>	
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 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"/>	
Scaffolding / Manlift Requirements:		

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION		YES / NO / N/A	
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"/>	
All Required Drawings, Details And Specifications Included In Work Package:			
a) Instrumentation General Arrangements		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Raceway Installation Details		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Raceway Grounding Details		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Instrumentation 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"/>	
Raceway Installed, Inspected And Signed-Off As Complete		<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:	
Superintendent Name (Print):		Superintendent Signature:	
Work Foreman Name:		Work Foreman Signature:	
Work Foreman Name:		Work Foreman Signature:	
		Issue Date:	
		Work Start Date:	
		Work Completion Date:	

IWP INSULATION INSTALLATION CHECKLIST

		MAJOR PROJECTS
		Appendix - 8
Department:	CONSTRUCTION	Number: PCM-CP-000X-8
Subject:	IWP INSULATION INSTALLATION CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Piping / Equipment Ready For Insulation Installation:		
a) Fabrication Complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Hydrotesting Complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Tracing Installed And Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Release For Insulation Signed-Off	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Type And Thickness Of Insulation Clearly Identified And Listed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Type Of Cladding And Thickness Clearly Identified And Listed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
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"/>	
Transportation Requirements For Materials And 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,	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
Listed And Addressed			
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 Part 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"/>
Scaffolding / 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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Man Basket Requirements:			
a) Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specifications Included In Work Package:			
a) Piping / Equipment; Drawings To Be Insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Signed Copy Of Release For Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Insulation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Insulation 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"/>
Insulation And Cladding Installed, Inspected And Sign-Off As Complete	<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"/>

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION		YES / NO / N/A	COMMENTS
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:

IWP PIPING CHECKLIST

		MAJOR PROJECTS
		Appendix - 5
Department:	CONSTRUCTION	Number: PCM-CP-000X-5
Subject:	IWP PIPING CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
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"/>	
Isolation Kit:		
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"/>	
Crane(s) To Support Work Package:		
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"/>	
Transportation Requirements For		

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Equipment, Piping Components, Pipe Spools, Tools Etc.:		
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"/>	
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 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"/>	
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"/>	
Scaffolding / 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"/>	
d) Built (Scaffold Only)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Required Drawings, Details And Specification Included In Work Package:		

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION		YES / NO / N/A	
a) Pipe Spec's		<input type="checkbox"/>	<input type="checkbox"/>
b) General Arrangements		<input type="checkbox"/>	<input type="checkbox"/>
c) Sections And Details		<input type="checkbox"/>	<input type="checkbox"/>
d) Isometrics		<input type="checkbox"/>	<input type="checkbox"/>
e) As-Built Spool Drawings		<input type="checkbox"/>	<input type="checkbox"/>
f) Weld Maps		<input type="checkbox"/>	<input type="checkbox"/>
g) Support Details		<input type="checkbox"/>	<input type="checkbox"/>
h) Special Requirements		<input type="checkbox"/>	<input type="checkbox"/>
i) Approved Welding Procedures		<input type="checkbox"/>	<input type="checkbox"/>
j) Design Change Notices		<input type="checkbox"/>	<input type="checkbox"/>
k) Request For Information		<input type="checkbox"/>	<input type="checkbox"/>
l) Inspection And Test Plan		<input type="checkbox"/>	<input type="checkbox"/>
m) Lessons Learned Suggestion Form		<input type="checkbox"/>	<input type="checkbox"/>
As-Built:			
a) Piping Installed As Per Drawings And Specifications		<input type="checkbox"/>	<input type="checkbox"/>
b) Changes Or Modifications Made		<input type="checkbox"/>	<input type="checkbox"/>
c) Changes Or Modifications Recorded And Included on Master As-Built 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"/>
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:			

IWP STRUCTURAL STEEL ERECTION CHECKLIST

		MAJOR PROJECTS
		Appendix - 4
Department:	CONSTRUCTION	Number: PCM-CP-000X-4
Subject:	IWP STRUCTURAL STEEL ERECTION CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Foundation Complete Ready For Structural Steel:		
a) Anchor Bolts Checked And Correctly Located	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Threads Not Damaged And Lubrication Applied	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Latent's Removed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Shim Blocks Set To Height And Grouted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e) Base Top Prepped Ready For Grout	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Items/Parts/Frames To Be Pre-Assembled/Erected (On/Off Site) Clearly Identified With Marked-Up Drawings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Structural Members Required For Pre-Assembly / Erection Onsite And Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Field Supply Material Onsite And Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Area To Perform Pre-Assemble Identified (On/Off Site) And Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
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"/>	
Lift Plan In Place And Ready For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Engineered Rigging Study Required:		
a) Complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Reviewed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Authorized For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Transportation Requirements For Equipment, Structural Members, Tools Etc.:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
Special Tool Requirements Clearly Identified, Listed, 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"/>
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 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 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	<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 Part 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"/>
Surveyor For Steel Alignment:			
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding / 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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Required Drawings, Details And Specification Included In Work Package:			
a) General Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sections And Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Erection Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Piece Mark Detail Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
e) Release For Grouting Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Steel Erected, Inspected And Signed-Off As Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-Builts:			
a) Structural Steel 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"/>
	<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:

IWP TRACING (STEAM/GLYCOL) INSTALLATION CHECKLIST

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

IWP ID Number:	Date Prepared:	
IWP 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"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor Requirements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
All Required Drawings, Details And Specifications Included In Work Package:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

IWP UNDERGROUND PIPING CHECKLIST

		MAJOR PROJECTS
		Appendix - 3
Department:	CONSTRUCTION	Number: PCM-CP-000X-3
Subject:	IWP UNDERGROUND PIPING CHECKLIST	Revision: A

IWP ID Number:	Date Prepared:	
IWP Description:		
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"/>	
Crane(s) To Support Work Package Activities:		
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"/>	
Transportation Requirements For Equipment, Piping Material, Spools, And Tools Etc.:		
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"/>	

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
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"/>
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"/>
Excavation Shoring Requirements:			
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"/>
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 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"/>
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"/>
Scaffolding / 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"/>
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveyor For Piping Layout And As-Builts:			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IWP ID Number:		Date Prepared:	
IWP Description:			
ITEM DESCRIPTION	YES / NO / N/A		COMMENTS
Piping Installation Work			
All Required Drawings, Details And Specification Included In Work Package:			
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"/>
As-Builts:			
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"/>
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:

DOCUMENT NUMBERING							DOCUMENT INFORMATION				AUTHORSHIP		DATES			COMMENTS
COAA Committee	Document Type	Type Abbreviation	Year of Issue	Sequence	Revision	COAA WFP Document Number	Abbreviated Document Title	File Name (Doc. Number + Abbreviated Doc. Title)	Document Status	Author (First Initial, Last Name)	Approver (First Initial, Last Name)	Date Requested	Forecasted Issue Date	Actual Release Date	Comment	
WFP	Log	LOG	2013	101	A	WFP-LOG-2013-101-A	WFP Document Log	WFP-LOG-2013-101-A WFP Document Log	Reserved	Y. Srivastava	G. Warren	1-Jan-13	15-Jan-13	29-Jan-13	COAA WFP Numbering scheme	
WFP	Procedure	PRC	2013	102	A	WFP-PRC-2013-102-A	WFP Document Log Overview	WFP-PRC-2013-102-A WFP Document Log Overview	Draft	S. Manktelow		6-Feb-13	11-Feb-13		Overview / How to document	
WFP	Work flow diagram	WFD	2013	103	A	WFP-WFD-2013-103-A	COAA Org. Chart	WFP-WFD-2013-103-A COAA Org. Chart	Published							
WFP	Procedure	PRC	2013	104	A	WFP-PRC-2013-104-A	WFP Rules	WFP-PRC-2013-104-A WFP Rules	Published							
WFP	Procedure	PRC	2013	105	A	WFP-PRC-2013-105-A	WFP Pre-requisites	WFP-PRC-2013-105-A WFP Pre-requisites	Published							
WFP	Procedure	PRC	2013	106	A	WFP-PRC-2013-106-A	WFP Infrastructure	WFP-PRC-2013-106-A WFP Infrastructure	Published							
WFP	Template	TMP	2013	107	A	WFP-TMP-2013-107-A	WFP Construction Scorecard	WFP-TMP-2013-107-A WFP Construction Scorecard	Published							
WFP	Template	TMP	2013	108	A	WFP-TMP-2013-108-A	AWP Scorecard	WFP-TMP-2013-108-A AWP Scorecard	Published							
WFP	Report	RPT	2013	109	A	WFP-RPT-2013-109-A	CWP Best Practice Report	WFP-RPT-2013-109-A CWP Best Practice Report	Published							
WFP	Presentation	PRS		110	A	WFP-PRS--110-A	CWP Best Practice Presentation	WFP-PRS--110-A CWP Best Practice Presentation	Draft						This document requires PowerPoint template, still in development April 2013	
WFP	Presentation	PRS		111	A	WFP-PRS--111-A	COAA BP XVI Conference (Plenary)	WFP-PRS--111-A COAA BP XVI Conference (Plenary)	Draft						This document requires PowerPoint template, still in development April 2013	
WFP	Template	TMP	2013	112	A	WFP-TMP-2013-112-A	CWP Template	WFP-TMP-2013-112-A CWP Template	Published							
WFP	Examples	EXM	2013	113	A	WFP-EXM-2013-113-A	WFP Glossary	WFP-EXM-2013-113-A WFP Glossary	Published							
WFP	Checklist	CHK	2013	114	A	WFP-CHK-2013-114-A	Cable Tray Installation	WFP-CHK-2013-114-A Cable Tray Installation	Published						WFP checklist	
WFP	Checklist	CHK	2013	115	A	WFP-CHK-2013-115-A	Civil Foundations and Pile Caps	WFP-CHK-2013-115-A Civil Foundations and Pile Caps								
WFP	Checklist	CHK	2013	116	A	WFP-CHK-2013-116-A	Civil Piling	WFP-CHK-2013-116-A Civil Piling								
WFP	Checklist	CHK	2013	117	A	WFP-CHK-2013-117-A	Electrical Junction Box Installation	WFP-CHK-2013-117-A Electrical Junction Box Installation								
WFP	Checklist	CHK	2013	118	A	WFP-CHK-2013-118-A	Equipment Setting	WFP-CHK-2013-118-A Equipment Setting								
WFP	Checklist	CHK	2013	119	A	WFP-CHK-2013-119-A	Hydrotesting	WFP-CHK-2013-119-A Hydrotesting								
WFP	Checklist	CHK	2013	120	A	WFP-CHK-2013-120-A	Instrument Installation	WFP-CHK-2013-120-A Instrument Installation								
WFP	Checklist	CHK	2013	121	A	WFP-CHK-2013-121-A	Instrument Raceway Installation	WFP-CHK-2013-121-A Instrument Raceway Installation								
WFP	Checklist	CHK	2013	122	A	WFP-CHK-2013-122-A	Insulation Installation	WFP-CHK-2013-122-A Insulation Installation								
WFP	Checklist	CHK	2013	123	A	WFP-CHK-2013-123-A	Piping	WFP-CHK-2013-123-A Piping								
WFP	Checklist	CHK	2013	124	A	WFP-CHK-2013-124-A	Structural Steel Erection	WFP-CHK-2013-124-A Structural Steel Erection								
WFP	Checklist	CHK	2013	125	A	WFP-CHK-2013-125-A	Tracing Installation	WFP-CHK-2013-125-A Tracing Installation								
WFP	Checklist	CHK	2013	126	A	WFP-CHK-2013-126-A	Underground Piping	WFP-CHK-2013-126-A Underground Piping								
WFP	Examples	EXM	2013	127	A	WFP-EXM-2013-127-A	CM Contract Sample	WFP-EXM-2013-127-A CM Contract Sample	Published							
WFP	Examples	EXM	2013	128	A	WFP-EXM-2013-128-A	EP Contract Sample	WFP-EXM-2013-128-A EP Contract Sample								
WFP	Examples	EXM	2013	129	A	WFP-EXM-2013-129-A	EPC Contract Sample	WFP-EXM-2013-129-A EPC Contract Sample								
WFP	Examples	EXM	2013	130	A	WFP-EXM-2013-130-A	EPCM Contract Sample	WFP-EXM-2013-130-A EPCM Contract Sample								
WFP	Examples	EXM	2013	131	A	WFP-EXM-2013-131-A	Generic Const. Contract Sample	WFP-EXM-2013-131-A Generic Const. Contract Sample								
WFP	Template	TMP	2013	132	A	WFP-TMP-2013-132-A	EWP Civil	WFP-TMP-2013-132-A EWP Civil	Published							
WFP	Template	TMP	2013	133	A	WFP-TMP-2013-133-A	EWP Piping	WFP-TMP-2013-133-A EWP Piping								
WFP	Template	TMP	2013	134	A	WFP-TMP-2013-134-A	EWP Structural Steel	WFP-TMP-2013-134-A EWP Structural Steel								
WFP	Work flow diagram	WFD	2013	135	A	WFP-WFD-2013-135-A	Project Integration 0	WFP-WFD-2013-135-A Project Integration 0	Published							
WFP	Work flow diagram	WFD	2013	136	A	WFP-WFD-2013-136-A	Project Integration 1	WFP-WFD-2013-136-A Project Integration 1								
WFP	Work flow diagram	WFD	2013	137	A	WFP-WFD-2013-137-A	Project Integration 2	WFP-WFD-2013-137-A Project Integration 2								
WFP	Work flow diagram	WFD	2013	138	A	WFP-WFD-2013-138-A	Project Integration 3	WFP-WFD-2013-138-A Project Integration 3								
WFP	Work flow diagram	WFD	2013	139	A	WFP-WFD-2013-139-A	Project Integration 4	WFP-WFD-2013-139-A Project Integration 4								
WFP	Work flow diagram	WFD	2013	140	A	WFP-WFD-2013-140-A	Project Integration 5	WFP-WFD-2013-140-A Project Integration 5								
WFP	Work flow diagram	WFD	2013	141	A	WFP-WFD-2013-141-A	Project Integration Swimlanes	WFP-WFD-2013-141-A Project Integration Swimlanes	Published							
WFP	Work flow diagram	WFD	2013	142	A	WFP-WFD-2013-142-A	IWP Lifecycle 0	WFP-WFD-2013-142-A IWP Lifecycle 0	Published							
WFP	Work flow diagram	WFD	2013	143	A	WFP-WFD-2013-143-A	IWP Lifecycle 1	WFP-WFD-2013-143-A IWP Lifecycle 1								
WFP	Work flow diagram	WFD	2013	144	A	WFP-WFD-2013-144-A	IWP Lifecycle 2	WFP-WFD-2013-144-A IWP Lifecycle 2								
WFP	Work flow diagram	WFD	2013	145	A	WFP-WFD-2013-145-A	IWP Lifecycle 3	WFP-WFD-2013-145-A IWP Lifecycle 3								
WFP	Work flow diagram	WFD	2013	146	A	WFP-WFD-2013-146-A	IWP Lifecycle 4	WFP-WFD-2013-146-A IWP Lifecycle 4								
WFP	Work flow diagram	WFD	2013	147	A	WFP-WFD-2013-147-A	IWP Lifecycle 5	WFP-WFD-2013-147-A IWP Lifecycle 5								
WFP	Work flow diagram	WFD	2013	148	A	WFP-WFD-2013-148-A	IWP Lifecycle Narrative 0	WFP-WFD-2013-148-A IWP Lifecycle Narrative 0	Published							
WFP	Work flow diagram	WFD	2013	149	A	WFP-WFD-2013-149-A	IWP Lifecycle Narrative 1	WFP-WFD-2013-149-A IWP Lifecycle Narrative 1								
WFP	Work flow diagram	WFD	2013	150	A	WFP-WFD-2013-150-A	IWP Lifecycle Narrative 2	WFP-WFD-2013-150-A IWP Lifecycle Narrative 2								
WFP	Work flow diagram	WFD	2013	151	A	WFP-WFD-2013-151-A	IWP Lifecycle Narrative 3	WFP-WFD-2013-151-A IWP Lifecycle Narrative 3								
WFP	Work flow diagram	WFD	2013	152	A	WFP-WFD-2013-152-A	IWP Lifecycle Narrative 4	WFP-WFD-2013-152-A IWP Lifecycle Narrative 4								
WFP	Work flow diagram	WFD	2013	153	A	WFP-WFD-2013-153-A	IWP Lifecycle Narrative 5	WFP-WFD-2013-153-A IWP Lifecycle Narrative 5								
WFP	Timeline	TIM	2013	154	A	WFP-TIM-2013-154-A	IWP Timeline	WFP-TIM-2013-154-A IWP Timeline	Published							
WFP	Template	TMP	2013	155	A	WFP-TMP-2013-155-A	Expanded IWP	WFP-TMP-2013-155-A Expanded IWP	Published							
WFP	Examples	EXM	2013	156	A	WFP-EXM-2013-156-A	Sample IWP (Complete)	WFP-EXM-2013-156-A Sample IWP (Complete)	Draft						This document requires PowerPoint template, still in development April 2013	
WFP	Examples	EXM	2013	157	A	WFP-EXM-2013-157-A	Work Steps Report (Sample)	WFP-EXM-2013-157-A Work Steps Report (Sample)	Published							
WFP	Template	TMP	2013	158	A	WFP-TMP-2013-158-A	IWP Electrical	WFP-TMP-2013-158-A IWP Electrical	Published							
WFP	Template	TMP	2013	159	A	WFP-TMP-2013-159-A	IWP Piping	WFP-TMP-2013-159-A IWP Piping								
WFP	Template	TMP	2013	160	A	WFP-TMP-2013-160-A	IWP Structural Steel	WFP-TMP-2013-160-A IWP Structural Steel								
WFP	Job Description	JBI	2013	161	A	WFP-JBI-2013-161-A	Owner Project Mgr	WFP-JBI-2013-161-A Owner Project Mgr								
WFP	Job Description	JBI	2013	162	A	WFP-JBI-2013-162-A	Owner AWP Champion	WFP-JBI-2013-162-A Owner AWP Champion								
WFP	Job Description	JBI	2013	163	A	WFP-JBI-2013-163-A	Owner Turnover Mgr	WFP-JBI-2013-163-A Owner Turnover Mgr								
WFP	Job Description	JBI	2013	164	A	WFP-JBI-2013-164-A	Owner Commis'n'g and Start-up Lead	WFP-JBI-2013-164-A Owner Commis'n'g and Start-up Lead								
WFP	Job Description	JBI	2013	165	A	WFP-JBI-2013-165-A	Owner Audit Mgr	WFP-JBI-2013-165-A Owner Audit Mgr								
WFP	Job Description	JBI	2013	166	A	WFP-JBI-2013-166-A	CC WFP Champion	WFP-JBI-2013-166-A CC WFP Champion								
WFP	Job Description	JBI	2013	167	A	WFP-JBI-2013-167-A	CC WorkFace Planning Lead	WFP-JBI-2013-167-A CC WorkFace Planning Lead								
WFP	Job Description	JBI	2013	168	A	WFP-JBI-2013-168-A	CC WorkFace Planners	WFP-JBI-2013-168-A CC WorkFace Planners								
WFP	Job Description	JBI	2013	169	A	WFP-JBI-2013-169-A	CC Superintendents_General Foremen	WFP-JBI-2013-169-A CC Superintendents_General Foremen								
WFP	Job Description	JBI	2013	170	A	WFP-JBI-2013-170-A	CC Database Administrator	WFP-JBI-2013-170-A CC Database Administrator								
WFP	Job Description	JBI	2013	171	A	WFP-JBI-2013-171-A	CM Construction Mgr	WFP-JBI-2013-171-A CM Construction Mgr								
WFP	Job Description	JBI	2013	172	A	WFP-JBI-2013-172-A	CM Resource_Interface Coordinator	WFP-JBI-2013-172-A CM Resource_Interface Coordinator								
WFP	Job Description	JBI	2013	173	A	WFP-JBI-2013-173-A	CM Overall Planner	WFP-JBI-2013-173-A CM Overall Planner								
WFP	Job Description	JBI	2013	174	A	WFP-JBI-2013-174-A	CM WFP Mgr_Champion	WFP-JBI-2013-174-A CM WFP Mgr_Champion								
WFP	Job Description	JBI	2013	175	A	WFP-JBI-2013-175-A	CM Turnover Mgr	WFP-JBI-2013-175-A CM Turnover Mgr								

DOCUMENT NUMBERING							DOCUMENT INFORMATION				AUTHORSHIP		DATES			COMMENTS
COAA Committee	Document Type	Type Abbreviation	Year of Issue	Sequence	Revision	COAA WFP Document Number	Abbreviated Document Title	File Name (Doc. Number + Abbreviated Doc. Title)	Document Status	Author (First Initial, Last Name)	Approver (First Initial, Last Name)	Date Requested	Forecasted Issue Date	Actual Release Date	Comment	
WFP	Job Description	JBI	2013	176	A	WFP-JBI-2013-176-A	CM Quality Mgr	WFP-JBI-2013-176-A CM Quality Mgr								
WFP	Job Description	JBI	2013	177	A	WFP-JBI-2013-177-A	E Engineering Mgr	WFP-JBI-2013-177-A E Engineering Mgr								
WFP	Job Description	JBI	2013	178	A	WFP-JBI-2013-178-A	E Engineering WFP Champion	WFP-JBI-2013-178-A E Engineering WFP Champion								
WFP	Job Description	JBI	2013	179	A	WFP-JBI-2013-179-A	E Document Control Mgr	WFP-JBI-2013-179-A E Document Control Mgr								
WFP	Job Description	JBI	2013	180	A	WFP-JBI-2013-180-A	E Discipline Leads	WFP-JBI-2013-180-A E Discipline Leads								
WFP	Job Description	JBI	2013	181	A	WFP-JBI-2013-181-A	Equipment WorkFace Planner	WFP-JBI-2013-181-A Equipment WorkFace Planner								
WFP	Job Description	JBI	2013	182	A	WFP-JBI-2013-182-A	Integration Planner_Coordinator	WFP-JBI-2013-182-A Integration Planner_Coordinator								
WFP	Job Description	JBI	2013	183	A	WFP-JBI-2013-183-A	Material Management WorkFace Planner	WFP-JBI-2013-183-A Material Management WorkFace Planner								
WFP	Job Description	JBI	2013	184	A	WFP-JBI-2013-184-A	PM Project Mgr	WFP-JBI-2013-184-A PM Project Mgr								
WFP	Job Description	JBI	2013	185	A	WFP-JBI-2013-185-A	PM Turnover Mgr	WFP-JBI-2013-185-A PM Turnover Mgr								
WFP	Job Description	JBI	2013	186	A	WFP-JBI-2013-186-A	PM Document Control Mgr	WFP-JBI-2013-186-A PM Document Control Mgr								
WFP	Job Description	JBI	2013	187	A	WFP-JBI-2013-187-A	PM Cost Control Mgr	WFP-JBI-2013-187-A PM Cost Control Mgr								
WFP	Job Description	JBI	2013	188	A	WFP-JBI-2013-188-A	PM Scheduler	WFP-JBI-2013-188-A PM Scheduler								
WFP	Job Description	JBI	2013	189	A	WFP-JBI-2013-189-A	PM Database Administrator	WFP-JBI-2013-189-A PM Database Administrator								
WFP	Job Description	JBI	2013	190	A	WFP-JBI-2013-190-A	PM AWP Champion_Mgr	WFP-JBI-2013-190-A PM AWP Champion_Mgr								
WFP	Job Description	JBI	2013	191	A	WFP-JBI-2013-191-A	PM AWP Audit Mgr	WFP-JBI-2013-191-A PM AWP Audit Mgr								
WFP	Job Description	JBI	2013	192	A	WFP-JBI-2013-192-A	S Procurement Mgr	WFP-JBI-2013-192-A S Procurement Mgr								
WFP	Job Description	JBI	2013	193	A	WFP-JBI-2013-193-A	S Material Mgr	WFP-JBI-2013-193-A S Material Mgr								
WFP	Job Description	JBI	2013	194	A	WFP-JBI-2013-194-A	S Warehouse Mgr	WFP-JBI-2013-194-A S Warehouse Mgr								
WFP	Job Description	JBI	2013	195	A	WFP-JBI-2013-195-A	S Contract Mgr	WFP-JBI-2013-195-A S Contract Mgr								
WFP	Job Description	JBI	2013	196	A	WFP-JBI-2013-196-A	Scaffold WorkFace Planner	WFP-JBI-2013-196-A Scaffold WorkFace Planner								
WFP	Job Description	JBI	2013	197	A	WFP-JBI-2013-197-A	WorkFace Planner	WFP-JBI-2013-197-A WorkFace Planner								
WFP	Procedure	PRC	2013	198	A	WFP-PRC-2013-198-A	PoC Checklist	WFP-PRC-2013-198-A PoC Checklist	Published							
WFP	Procedure	PRC	2013	199	A	WFP-PRC-2013-199-A	PoC Input, Tools, Output	WFP-PRC-2013-199-A PoC Input, Tools, Output	Published							
WFP	Work flow diagram	WFD	2013	200	A	WFP-WFD-2013-200-A	PoC Summary	WFP-WFD-2013-200-A PoC Summary	Published							
WFP	Work flow diagram	WFD	2013	201	A	WFP-WFD-2013-201-A	PoC Flow	WFP-WFD-2013-201-A PoC Flow	Published							
WFP	Procedure	PRC	2013	202	A	WFP-PRC-2013-202-A	PoC RASCI	WFP-PRC-2013-202-A PoC RASCI	Published							
WFP	Template	TMP	2013	203	A	WFP-TMP-2013-203-A	PoC Template	WFP-TMP-2013-203-A PoC Template	Published							
WFP	Checklist	CHK	2013	204	A	WFP-CHK-2013-204-A	Electrical Instrument Cable Installation	WFP-CHK-2013-204-A Electrical Instrument Cable Installation	Published							

Committee	Types	Document Status	
WFP	Checklist	CHK	Reserved
	Template	TMP	Draft >
	Timeline	TIM	Issued for Review
	Presentation	PRS	Approved
	Work flow diagram	WFD	Published >
	Log	LOG	Re-published >
	Job Description	JBI	Void
	Examples	EXM	Superceded
	Meeting Notes	MTG	Achrived
	Letter	LET	
	Procedure	PRC	
	Report	RPT	
	Study	STY	

Revision Control	Years	Revision Letters
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	2013	A
A, B, C, D....	2014	B
	2015	C
	2016	D
0	2017	E
0A, 0B, 0C...	2018	F
	2019	G
	2020	H
	2021	I
	2022	J
	2023	K
	2024	L
	2025	M
	2026	N
	2027	O
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	2029	Q
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