|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | No |  |
| Project: |  | | | |
| Prepared By: |  | | | |
| Location / Description: |  | Work Package No: |  | |
| Specifications & Drawings |  | Date: |  | |
| Apparatus: | Points | Number/Name: |  | |
| Type Name: |  | Type Classification: |  | |
| Procedure: | PR S 47114, PR S 47115 | | | |

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| --- | --- | --- |
| No | Inspection /Test Performed: Equipment /Labelling/Installation/Operation Correct | Initials |
| 1 | Equipment types & configurations & installation physically correct to specifications/ drawings |  |
| 2 | Points operation, including, multiple drives correct. |  |
| 3 | Separate detectors correct. |  |
| 4 | ESML/EOL lock & key, warding/indexing, positioning correct. |  |
| 5 | Point stretcher bars, rodding, tie plates, insulations fitted & correct. |  |
| 6 | Nuts and fittings secured and locked. |  |
| 7 | Facing point lock adjustment and detection test correct. |  |
| 8 | Point switch detection adjustment test correct. |  |
| 9 | Circuit continuity tests, wire/null counts correct. |  |
| 10 | Insulation test correct. |  |
| 11 | Local circuit function test correct. |  |
| 12 | Point correspondence test correct. |  |
| 13 | ESML/EOL & emergency manual operation test correct. |  |
| 14 | ESML/EOL lock contacts operated by key & put signals to stop. |  |
| 15 | Cables, cabling, terminations correct. |  |
| 16 | Test certificate of readings of parameters completed & correct. |  |
| 17 | Point cut-off timer operation correct. |  |
| 18 | Padlocks, locks, fitted and correct. |  |
| 19 | Occupational Health & Safety/Environmental compliance, correct |  |
| 20 | Workmanship to best practice, equipment in good condition |  |
| 21 | Redundant equipment securely inoperative, made safe/removed. |  |
| 22 | Ready for commissioning into use. |  |

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| Remarks: |
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| Work Status Statement | | | Received / Checked / Action Statement | | |
| The Work described above has been performed and recorded in accordance with the specified standard | | |  | | |
| Name: |  | | Name: |  | |
| Designation: |  | | Designation: |  | |
| Signature: | | Date: | Signature: | | Date: |
|  | |  |  | |  |