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

|  |  |  |
| --- | --- | --- |
| No | Inspection /Test Performed: Equipment /Labelling/Installation/Operation Correct | Initials |
| 1 | Equipment types & configurations & installation physically correct to specifications/ drawings |  |
| 2 | Type approved for intended use. |  |
| 3 | Software versions correct. |  |
| 4 | Hardware correct. |  |
| 5 | All checksums correct. |  |
| 6 | Software simulation test correct. |  |
| 7 | Installed software matches tested software. |  |
| 8 | All system interfaces test correct. |  |
| 9 | Response times correct. |  |
| 10 | Other performance criteria correct. |  |
| 11 | Function test to Control Tables correct. |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 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: |
|  |  |  |  |