|  |  |  |
| --- | --- | --- |
|  | No |  |
| Project: |  |
| Prepared By: |  |
| Location/Description: |  | Work Package No: |  |
| Specifications & Drawings |  | Date: |  |
| Apparatus: | Colour Light L.E.D Signal | 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 | Site screens, hoods, backgrounds fitted and correct, as applicable |  |
| 3 | Flasher units, pulsating timer adjusted to 640ms “off” & 200ms”on”, circuit operation correct |  |
| 4 | Test Certificate TC-1 (a) or (b) of readings of parameters, completed & correct |  |
| 5 | Lamp proving relays/modules, circuit operations correct |  |
| 6 | Cables, cabling, terminations correct |  |
| 7 | Circuit continuity tests, wire/null counts, correct |  |
| 8 | Insulation tests correct |  |
| 9 | Local circuit function test, correct |  |
| 10 | Aspects correct and Aspect Sequence Test correct. (see TC 13/20) |  |
| 11 | No residual voltages on lights when fuse removed |  |
| 12 | Padlocks, locks fitted and correct |  |
| 13 | Ladders, landings, cages, secure and correct |  |
| 14 | For Operating circuits not utilising twisted pair cabling, conduct “No Volts” tests for each aspect level and with all fuses removed |  |
| 15 | LED types, indicators/repeaters sizes and colours correct |  |
| 16 | Route indicators, junction repeaters, stencil indicators circuit operation correct |  |
| 17 | Signal installation as per Approved Signal Sighting Form (attached) |  |
| 18 | Brightness/Final focus/alignment and sighting 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 |  |

|  |
| --- |
| Remarks: |
|  |

|  |  |
| --- | --- |
| 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: |
|  |  |  |  |