



Client:	Project Name:	Project No:	
Area:	Drawing No's:	Date:	Sheet: 1 of 2
Check Conducted By:	Signature:	Check Approved By:	Signature:

INSPECTION CHECKLIST FOR: CONTROL VALVES

The below checks are to be completed by the Mechanical Contractor

NO:	DESCRIPTION:	INSPECTION:		INSPECTION HISTORY			
				ACCEPTABLE:	DATE:	COMMENTS:	
<u>Quality Control</u>							
1	Control valve types and CV value approved for use	Yes	No	Yes	No		
2	Control valves not being used are correctly stored	Yes	No	Yes	No		
<u>Installation</u>							
3	Drawings on site are the latest issue	Yes	No	Yes	No		
4	Control valves are installed in correct location as per approved drawings and valve schedule	Yes	No	Yes	No		
5	Control valves are installed in the correct direction of water flow	Yes	No	Yes	No		
6	Control valves are undamaged and have all binder points upstream and downstream to allow commissioning and all wells required for pressure/temperature measuring	Yes	No	Yes	No		
7	Control valves are clearly labelled including number, CV and size	Yes	No	Yes	No		
8	Confirm installation does not leak when pipe work system is pressure tested	Yes	No	Yes	No		
9	Control valves installed at a reachable height from the floor or platform	Yes	No	Yes	No		
10	Confirm valves can be removed without disruption to adjacent pipe work	Yes	No	Yes	No		

NO:	DESCRIPTION:	INSPECTION:		INSPECTION HISTORY			
				ACCEPTABLE:	DATE:	COMMENTS:	
11	Mark alterations, sizes + final location on As Built drawings for record purposes						

ADDITIONAL COMMENTS:
