



ITS Quality Checklist Load Center Installation



ITSFM018
Rev. 11/16

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|---|--------------------------|--------------------------|--|-----------------------|--|--------------------------|--|
| Date: | | Contract ID: | | Financial Project ID: | | Quality Inspector: | |
| Plan Sheet | | MP | | Sta. | | Site Identification Name | |
| CONFORMED | NCR* | N/A | INSPECTION REQUIRED | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review approved panel board in the plans and specifications and carry copy to the field. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review approved traffic maintenance and protection plan and carry copy to the field. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitor traffic control setups and recommend adjustment if necessary. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify the panel board enclosure cabinet is a NEMA enclosure approved for outdoor use. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify the panel board branch or distribution circuit breakers are of the appropriate size per the approved plans and specifications | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify the current carrying conductors are not installed to close to other conductors or metal enclosure that could cause a short circuit incidence. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify all connections were installed using calibrated torque wrench or torque screwdriver per the manufacturer's specifications. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify the load center is installed at the appropriate height above finish grade per the approved plans and specifications. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually verify that no air gap exist between the switch jaws and the knife-blade with the switch in the OFF (open) position. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Document all changes from the approved plans and specification to the as-built drawings. | | | | |
| *Complete and Attach a Nonconformance Report for all Nonconforming items noted. | | | | | | | |
| QUALITY INSPECTOR | | | DATE | | | DOC CONTROL NO. | |