

# SITE INSPECTION CHECKLIST

(Please fill-out all information)

## PROJECT DETAILS

**CUSTOMER**

**DATE**

**PROFORMA INVOICE NUMBER**

**CONTACT PERSON**

**DIMENSION (LxDxH)**

**CONTACT NUMBER**

**TYPE OF JOB**

*(Please Tick)*

- Delivery
- Installation
- Commissioning / IQOQ
- Others, please specify:

**SITE LOCATION**

**SERIAL NUMBER**

## LOCATION

**1. Floor level at which equipment will be installed. (basement, ground floor, first floor, second floor, etc.)**

**2. If installation location is not on ground floor (basement or upper floors), specify means of transfer to room/installation area. (e.g. Stairs, heavy machineries, lift/ elevator, etc.)**

**3. Lift/Elevator availability. Please provide dimension & max weight capacity the lift can handle, and the opening dimension of the lift door.**

Yes                  No                  N/A

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<p><b>4. Dimensions of the smallest door opening to where the unit should pass during transport. (Passage of the unit going to installation room/area)</b></p>	
<p><b>5. Provide width and height of the corridor/access way.</b></p>	
<p><b>6. Can the unit fit through the corners where it will pass?</b></p>	<p>Yes                  No                  N/A</p>
<p><b>7. What is the room size where the equipment will be installed?</b></p>	
<p><b>8. What is the ceiling height of the room where the equipment will be installed?</b></p>	
<p><b>9. Is the floor level and flat for the room where the equipment will be installed?</b></p>	<p>Yes                  No                  N/A</p>
<p><b>10. Please describe the type of floor (e.g., epoxy, PU, granite, etc.)</b></p>	
<p><b>11. Provide the floor loading capacity if have.</b></p>	
<p><b>12. Describe door location and unit location Provide site drawings or floor plan layout.</b></p>	
<p><b>13. Are there any protruding part along the corridor or in the room that may affect the transport and installation?</b></p>	<p>Yes                  No                  N/A</p>
<p><b>14. Are there any protruding part along the corridor or in the room that may affect the transport and installation?</b></p>	
<p><b>15. Please describe the type of wall (e.g. plastic panel, glass, concrete, etc.)</b></p>	

<p><b>16. Is there a need for floor or wall protection during installation? Please provide details.</b></p>	Yes	No	N/A
<p><b>17. Is the room bio-decontaminated? Please specify method and decontaminating agent (e.g. Hydrogen peroxide, sodium hypochlorite, etc.)</b></p>	Yes	No	N/A
<p><b>18. Is PPE required?</b></p>	Yes	No	N/A
<p><b>19. Air classification inside the room where the equipment will be installed (e.g. Grade a, grade b, iso 5, iso 8, non-classified, etc.)</b></p>			

**UNLOADING**

<p><b>20. Is there a loading bay? Please provide dimensions and lay-out of the loading bay.</b></p>	Yes	No	N/A
<p><b>21. Is temporary storing area required?</b></p>	Yes	No	N/A
<p><b>22. Are there any special requirements or instructions?</b></p>	Yes	No	N/A

## EQUIPMENT OR TOOLS AVAILABILITY

<p><b>23. Is there a forklift available that can be used to bring down the items?</b></p>	Yes	No	N/A
<p><b>24. Is pallet jack available?</b></p>	Yes	No	N/A
<p><b>25. Are ladders available during installation?</b></p>	Yes	No	N/A

## UTILITIES

<p><b>26. Is the electrical main control panel (MCP) mounted remotely from the equipment? If yes, provide approximate distance (considering cable runs) from MCP to Esco equipment/s. Provide lay- out with dimensions.</b></p>	Yes	No	N/A
<p><b>27. Electric power rating/specs from the client site to be provided for this/these equipment/s.</b></p> <p><i>Note: kindly indicate all power rating/specs if more than one is needed.</i></p>	<p>Current (A):</p> <p>Voltage (V):</p> <p>Frequency (Hz):</p> <p>Phase (1p or 3p):</p>		
<p><b>28. Approximate distance of electrical power terminal isolator switch from the equipment inside the room.</b></p> <p><i>Note: room or facility should have a provision of individual electrical isolator switch for each unit or direct connection to the facility's electrical power distribution board.</i></p>			
<p><b>29. Is there an available compressed air line? Is the compressed air micro-filtered, pressure-regulated, and non-lubricated?</b></p>	Yes	No	N/A

<p><b>30. Compressed air supply rating/specs from the client site to be provided for this/these equipment.</b></p>	<p>Pressure:</p> <p>Flowrate:</p>
<p><b>31. Approximate distance of compressed air supply line/port from the equipment inside the room.</b></p>	
<p><b>32. Is there an available water supply line? For cleaning operations (WIP/ CIP)</b></p>	<p>Yes                  No                  N/A</p>
<p><b>33. Water supply line rating/specs from the client site to be provided for this/these equipment/s.</b></p>	<p>Pressure:</p> <p>Flowrate:</p> <p>Temperature:</p>
<p><b>34. Approximate distance of water supply line/port from the equipment inside the room.</b></p>	
<p><b>35. Waste drain storage/connection. (waste container or via drain lines). If via drain lines, is there an available water drain line/port/ network?</b></p>	<p>Yes                  No                  N/A</p>
<p><b>36. Approximate distance of drain line port from the equipment inside the room</b></p>	
<p><b>37. Is there a need for connecting the equipment to building ducting for AHU/HVAC or exhaust system? If yes, please specify the size of the ducting and connection size/type needed.</b></p>	<p>Yes                  No                  N/A</p>

## BUILDING / FACILITY INTEGRATION SYSTEM

**38. Is there a need to integrate the equipment to building/facility management system such as MES, EMS, BMS, or SCADA?  
If yes, please specify the supported protocol or method for integration. Is the connection currently ready (both hardware and software)? (e.g. Modbus, ethernet, dry-contact, etc.).**

*Note: if no, please specify expected date when it will be ready.*

Yes                  No                  N/A

## SCHEDULE

**39. Please provide available time for installation**

Time:

Days:

**40. Please provide available time for commissioning and IQ / OQ**

Time:

Days:

\*Please provide any further information pertaining to the delivery, installation, commissioning, or IQOQ to be noted.

I confirm that all the above information is correct and accept that any wrong information may result in delivery/installation commissioning/IQOQ cancelled, not fully completed, or incur extra charges.

\_\_\_\_\_  
(Customer representative)

Name :

Position :

Date :

\_\_\_\_\_  
(Esco representative)

Name :

Position :

Date :