THE NATION'S URANIUM PROCESSING FACILITY

Uranium Processing Facility
CABLE INSTALLATION INSPECTION RECORD

DMC NUMBER:			**DATE:**
WORK PACKAGE NO.:			**TASK NO.:**
PROJECT NUMBER:		**PROJECT NAME:**	
BLDG/AREA:		**LOCATION:**	
CABLE CLASS:		**UNIQUE ID TAG/CIRCUIT NO.:**	
START UP SYSTEM NUMBER:		**CABLE IDENTIFICATION:**	
QUALITY LEVEL: ☐ **Q** ☐ **RS** ☐ **CC**			
REFERENCE DOCUMENT NO.	**REV. NO.**	**REFERENCE DOCUMENT NO.**	**REV. NO.**

ITEM	DESCRIPTION	INSP. TYPE	N/A	FE/DATE (Initials/Date)	QCE/DATE (Initials/Date)
Pre-Inspection					
1	Verify Cable type, rating, and size in accordance with design documents	R/I	☐		
2	Inspect Cable and reels are free of damage	I	☐		
3	Verify that cable cut ends are properly sealed with water resistant tape.	I	☐		
4	Verify Cable reels are tagged with unique identification number	R/I	☐		
5	Verify Cable reels are properly stored on chocks, timbers, and on reel edges.	I	☐		
6	Verify Cable reel storage area is clean, has adequate drainage	I	☐		
7	Verify Cable reels are properly spaced and organized to avoid unnecessary handling, cable is stored in accordance with manufacturer recommendation	I	☐		
8	Verify mechanical work likely to damage wire and cable is complete	I	☐		
9	Inspect raceway is complete and free of debris/obstructions, burrs, and sharp edges	I	☐		
10	Verify Proper pull points installed	I	☐		
11	Ensure Raceway pulling lengths are correct	R	☐		

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12	Inspect UTP and optical fiber cable jacket materials for NRTL certification markings.	I	☐		
13	Verify Pulling setups are complete	I	☐		
14	Verify interior of building is protected from weather	I	☐		
15	Verify Raceway installation is adequate to support cable pull	I	☐		
In-Process Inspection					
16	Verify proper use of grips and cable is properly protected during pull	I	☐		
17	Verify Pulling tensions are not exceeded; dynamometer readings recorded (See step 31)	I	☐		
18	Verify Temporary cable identification tags or labels are installed	R/I	☐		
19	Verify Routing is correct, ***FROM***:_____ ***TO***:_____	I	☐		
20	Verify Bending radius is not exceeded	I	☐		
21	Verify sufficient slack & support between transition points	I	☐		
Final Inspection					
22	Cable route (via), separation and spacing in accordance with design	I	☐		
23	Verify the proper use of lubricants and mechanical pulling equipment, i.e. rollers, sheaves, wheels, feeder tubes, slings, pulling eyes, pulling ropes, etc.	I	☐		
24	Verify cable is not over tensioned/damaged during pull	I	☐		
25	Verify cable does not extend above or outside the plane of the tray side rail.	I	☐		
26	Verify cable is properly supported in the cable tray	I	☐		
27	Cable minimum bend/training radii have not been violated	I	☐		
28	Visually check wire and cable for physical damage and proper connection	I	☐		
29	UTP & Fiber Optic – Visually inspect cabling system components for cable placement, cable termination,	I	☐		

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	grounding and bonding, equipment and patch cords.				
30	Required testing is completed (continuity, meggers and Hi-pot tester, Ref.: Y17-95-64-842, *UPF Electrical Equipment Testing)*	R	☐		
31(a)	Pull calculation required Y/N (Circle One) Calculation number:_____ Max Pull Tension allowed:_____ Actual Pull Tension Developed:_____ (Dynamometer Reading) M&TE Used:_____ Serial Number:_____ Cal Due Date:_____	I	☐		
31(b)	Pull calculation required Y/N (Circle One) Calculation number:_____ Max Pull Tension allowed:_____ Actual Pull Tension Developed:_____ (Dynamometer Reading) M&TE Used:_____ Serial Number:_____ Cal Due Date:_____	I	☐		
31(c)	Pull calculation required Y/N (Circle One) Calculation number:_____ Max Pull Tension allowed:_____ Actual Pull Tension Developed:_____ (Dynamometer Reading) M&TE Used:_____ Serial Number:_____ Cal Due Date:_____	I	☐		
31(d)	Pull calculation required Y/N (Circle One) Calculation number:_____ Max Pull Tension allowed:_____ Actual Pull Tension Developed:_____ (Dynamometer Reading) M&TE Used:_____ Serial Number:_____ Cal Due Date:_____	I	☐		

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ITEM	DESCRIPTION	INSP. TYPE	N/A	FE/DATE (Initials/Date)	QCE/DATE (Initials/Date)
List Project or Component Specific Attributes Below					
			☐		
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			☐		
			☐		

COMMENTS:

FIELD ENGINEER: *(print/sign)*	**DATE:**
QUALITY CONTROL ENGINEER: *(print/sign)*	**DATE:**