UPF LOOP INSPECTION AND TEST RECORD

Work Package No: _____

Task No.: _____

DMC NUMBER:			**DATE:**
PROJECT NUMBER:	**PROJECT NAME:**		
QUALITY LEVEL: ☐ **QUALITY (Q)**	☐ **RISK SIGNIFICANT (RS)**	☐ **COMMERCIAL CONTROL (CC)**	
BLDG/AREA:	**SYSTEM:**		
LOOP OR INSTRUMENT ID NUMBER:		**SERVICE:**	
EQUIPMENT TAG NUMBER:		**PIPE LINE NUMBER:**	
TEST DEVICE NO.			

REFERENCE DOCUMENT NO.:	**REV. NO.:**	**REFERENCE DOCUMENT NO.:**	**REV. NO.:**

MEASURING ELEMENT	☐ N/A ☐ Installed Correctly	☐ N/A ☐ Location Correct	☐ N/A ☐ Isolating Valves
	☐ N/A ☐ Materials Correct	☐ N/A ☐ Orifice Tap Orientation	☐ N/A ☐ Orifice
IMPULSE CONNECTIONS	☐ N/A ☐ Correct to Hookup	☐ N/A ☐ Pressure Tested to Process Line Test Pressure	
	☐ N/A ☐ Materials Correct	☐ N/A ☐ Weather Protected to Requirements of Installation Index	
INSTRUMENT – FIELD	☐ N/A ☐ Installed Correctly	☐ N/A ☐ Weather Protected	☐ N/A ☐ Fail Action
	☐ N/A ☐ Power Supply Correct	☐ N/A ☐ Air Supply Correct	
INSTRUMENT – PANEL	☐ N/A ☐ Installed Correctly	☐ N/A ☐ Chart Indicator Correct	☐ N/A ☐ Alarm Switch Correct
	☐ N/A ☐ Alarm Legend Correct	☐ N/A ☐ Power Supply Correct	☐ N/A ☐ Limit SW Correctly Set
	☐ N/A ☐ Type & Size Correct	☐ N/A ☐ Stroke Tested	
	☐ N/A ☐ Positioner Checked	☐ N/A ☐ I/P Transducer Checked	
AIR SUPPLIES	☐ N/A ☐ Visually Inspected, Blow Clear, and Leak Tested		
	☐ N/A ☐ Correctly Connected to Hook-up Drawings		
TRANSMISSION	☐ N/A ☐ (Pneumatic) Lines Visually Inspected, Blown, Clear, and Leak Tested		
	☐ N/A ☐ (Electronic) Continuity Checked		
	☐ N/A ☐ (General) Transmitter Output to Relevant Items of Loop Checked		
	☐ N/A ☐ Controlled Output to Relevant Items of Loop Checked		
	☐ N/A ☐ T/C or R/B Installation Checked	☐ N/A ☐ Continuity Checked	
	☐ N/A ☐ Supports Checked	☐ N/A ☐ Cable to Specification	
	☐ N/A ☐ Tagging Correct		

Loop Test @ 0% TX Input:	Output:	☐ Local Installation	☐ Panel Installation	☐ N/A
Loop Test @ 50% TX Input:	Output:	☐ Local Installation	☐ Panel Installation	☐ N/A
Loop Test @ 100% TX Input:	Output:	☐ Local Installation	☐ Panel Installation	☐ N/A

REMARKS:

TEST TECHNICIAN: (print/sign)	**DATE:**
WITNESSED BY: (print/sign)	**DATE:**
REVIEWED BY: (print/sign)	**DATE:**
QCE/PI: (print/sign)	**DATE:**