## 

	Due to the varying nature of shutdown overhauls at different complexes/plants, the checklist must	be revie	wed and a	adjusted e	ach time to reflect	current needs, takii	ng into account	the overhaul requirements, tasks arising durin	ng the course of the	e shutdown, and t	he conditions for commissioning.
No.	Activities:	Done correctly?  YES NO N/A		Contractor Company Name:	Signature of the Contractor	Date	Comments	Signature PCC	Date	Comments	
1.	Has all the work been completed?	YES	NO	N/A							
1.	Are there any remnants of overhaul work remaining in the area designated for commissioning?					-					
2.	Are there any remnants of overhauf work remaining in the area designated for commissioning:										
3.	Has the contractor submitted a statement confirming readiness for commissioning (entry in the work log)?										
	County W. C.		Done correctly?		Contractor	Signature of the			Signature	_	
4.	General verification			N/A	Company Name:	Contractor	Date	Comments	PCC	Date	Comments
	Verification of Installation According to P&ID	11.3	NO	IN/A							
	Have the newly installed devices been labelled?										
	Have the flange connections made during the overhaul been properly executed and integrated with the rest of the installation? (length, material, type, lubrication, number of bolts, nuts, washers [including serrated], bridges, bolt colour [for Ex zones])										
	Have the mechanical fittings been installed correctly (including flow direction, if required)?										
	Have the correct gaskets been properly installed?		1	ļ	4						
	Are identification nameplates affixed in a visible location?		<u> </u>	<u> </u>	4						
	Is insulation installed?										
5.	Verification of machinery (pumps, mixers, compressors, geared motors, blowers, etc.). This applies to all newly installed or replaced equipment.	Done correctly?  YES NO N/A		Contractor Company Name:	Signature of the Contractor	Date	Comments	Signature PCC	Date	Comments	
		1123	NO	N/A							
	Have the reinstalled devices (after disassembly) been mounted in accordance with the OMM?			-							
	Has the lubrication (grease/oil) level been checked and the correct type of lubricant verified?  Are the guards for rotating elements correctly installed?		1	-							
	Has the barrier fluid been supplied to the equipment and is the pressure correct (where applicable)?				-						
	Has the pump been aligned?										
6.	Verification of apparatus (tanks, reactors, absorbers, heat exchangers, etc.) Should be done for all newly installed/replaced apparatus. This also applies to equipment that has been opened.	Done correctly?  YES NO N/A		Contractor Company Name:	Signature of the Contractor	Date	Comments	Signature PCC	Date	Comments	
	Are they fitted in accordance with the OMM?										
	Has an internal inspection been carried out before final closeout?										
	Has the internal assembly within the vessel been checked for correct installation (if applicable)?										
	Have the dimensions of plate heat exchangers been verified after gasket replacement (if applicable)?										
	Do pressure equipment subject to Technical Supervision Office or Transport Technical Supervision have valid										
	operation approvals (check at least six months in advance for strategic equipment)?										
	Has the tank been properly prepared for commissioning (e.g. dried, cleaned, etc.)?										
7.	Verification of Piping, Valves, and Fittings Covers piping systems built before and during the overhaul, as well as those replaced, dismantled, and reinstalled during the shutdown.	Done correctly?		ctly?	Contractor Company Name:	Signature of the Contractor	Date	Comments	Signature PCC	Date	Comments
		YES	NO	N/A							
	Are the piping systems installed in accordance with the design (except for agreed changes due to collisions/interferences)?										
	Has the pipingd been properly prepared for commissioning (e.g. dried, cleaned, etc.)?		1	1	1						
	Are splash guards installed on all flange connections for hazardous media?				]						
	Do pressure equipment subject to Technical Supervision Office have valid operation approvals (check at least six										
	months in advance for strategic equipment)?										
8.	Verification of Safety Valves / Breather Valves / Rupture Discs	Do	Done correctly?		Contractor Company Name:	Signature of the Contractor	Date	Comments	Signature PCC	Date	Comments
	Have protective devices (safety valves, breather valves) been tested on a test bench in accordance with the current SAP maintenance schedule?		,,,,	.,,,,							
	Are the fittings installed in the correct location?										
	Does the insulation not interfere with the operation of the valve and the on-site inspection activities (lever)?										
9.	Other	Do	ne corre	ctly?	Contractor Company Name:	Signature of the Contractor	Date	Comments	Signature PCC	Date	Comments

	YES	NO	N/A				

Prepared by Form Approved By:

Date and signature Date and signature