



Client:	Project Name:	Project No:
Area:	Drawing No's:	Date:
Check Conducted By:	Signature:	Check Approved By:
		Signature:

**INSPECTION CHECKLIST FOR: AIR DIFFUSION**

The below checks are to be completed by the Mechanical Contractor prior to start-up of associated fan or FCU system

NO:	DESCRIPTION:	INSPECTION:		INSPECTION HISTORY			
				ACCEPTABLE:	DATE:	COMMENTS:	
<b><u>Quality Control</u></b>							
1	Grilles type, manufacturer, colour and frame material approved for use	Yes	No	Yes	No		
2	Fixing methods of grilles approved for installation	Yes	No	Yes	No		
3	All air diffusers not being used is correctly stored	Yes	No	Yes	No		
<b><u>Installation</u></b>							
4	Drawings on site are the latest issue	Yes	No	Yes	No		
5	Air diffusers are free of damage	Yes	No	Yes	No		
6	Confirm air diffusers are installed as per approved drawings and fixed methods	Yes	No	Yes	No		
7	Confirm any blemishes have been touched up	Yes	No	Yes	No		
8	Mark alterations, sizes and location on As Built drawings for record purposes	Yes	No	Yes	No		

ADDITIONAL COMMENTS:

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