

FORM G

Construction Productivity & Quality Group
Quality and Certification Department

200 Braddell Road S(579700)



CONQUAS Line: 6730 4400
Ms Serena Chua Tel: 6730 4477
Mr Joeson Teo Tel: 6730 4518

- **The assessment shall be based on M&E Testing & Commissioning conducted together with the Consultant and the results based on the percentage of tests passing at first-attempt.**
- **All FORMS to be submitted no later than 3 months after project's TOP date.**

CONQUAS M&E WORK Performance Assessment (Testing & Commissioning)

Project Name : _____ Project ID No: _____

	No. of items inspected (a)	No. of items pass at <u>first attempt</u> (b)	Percentage of passing at first attempt (c = b/a x 100%)
<u>Part 1 : ACMV</u>			
<i>Ductwork Air Tightness Test</i>			
<i>Pipework Pressure Test</i>			
<i>Cooling Tower Test</i>			
<i>Chiller Test</i>			
<i>AHU Test</i>			
<i>Reliability Test</i>			
<u>Part 2 : Plumbing & Sanitary</u>			
<i>Water Sample Test</i>			
<i>Water Pressure Test</i>			
<u>Part 3 : Electrical Works</u>			
<i>Insulation Resistance Test</i>			
<i>RCCB Trip Test</i>			
<i>Polarity & Continuity Test</i>			
<i>Earthing Test</i>			
<u>Part 4 : Fire Protection</u>			
<i>Fire Alarm System Test</i>			
<i>Hydrostatic Test</i>			
<i>Dry Riser Test</i>			
<i>Wet Riser Test</i>			
<i>Hose Reel Test</i>			

I hereby certify that the above declarations are correct.

Name of Project Qualified Person

Company / Agency Name /Contact no

Signature/Date/QP's Stamp

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Summary of inspection by Blk / Level / Riser / Grid line). Circle the individual test.

- Attach additional pages where applicable, PE/RE/RTO to endorse on all pages of declaration.

Services: ACMV / Plumbing & Sanitary / Electrical / Fire Protection*

S/N	Location	Date of first inspection	No. of items inspected (a)	No. of items pass at first attempt (b)
Total				

PE / RE / RTO: _____
(Name & Signature)

Date _____

* Please delete accordingly