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| **Client**  **Project**  **TPI Cont.PlannedStartActivity** | | TIS | | | | | | | **PONo.**  **Crit.No. / Ins. Level** | | TIS-RFQ-PCP-GEN-XXX |
| TPI Contract (TBA) | | | | | | | A / 1 |
| Compression TUCO Trains (LLI) | | | | | | | **CTRNo.** | | TPI-011 |
| 27-Mar-15 | | **PlannedFinish** | | | 16-Dec-16 | | **Revision** | | 0 |
| Provision of Third Party Inspection Services at Suppliers and sub suppliers | | | | | | | | |  |
| **ScopeofWork** | | | | | | | | | | | |
| 1 | Please refer to Appendix 1- List of deliverables for above PO. | | | | | | | | | | |
| 2 | Turbo compressor set. | | | | | | | | | | |
| 3 | Need 1 Rotating Equipment Inspector for PIM (TBA) and then as per ITP intervention points. Also Inspection coordinator on part time basis. | | | | | | | | | | |
| 4 | June 2015 onwards: 1 Rotating Equipment Inspector. | | | | | | | | | | |
| 5 | Attending ITP intervention points on behalf of EPCM or as directed. | | | | | | | | | | |
| 6 | Inspection & Surveillance Monitoring. | | | | | | | | | | |
| 7 | Reportingtothe CLIENT / EPCM projectteam. | | | | | | | | | | |
| 8 | Must meet specifications as listed in Requisition For Integrated Control and Safety Systems (ICSS) - (WRP-REQ-ICT-GEN-001) Appendix 2 | | | | | | | | | | |
| **Inputs** | | | | | | | | | | | |
| 1. | | Project Documentation | | | | | | | | | |
| 2. | | Vendor Documentation | | | | | | | | | |
| **Deliverables** | | | | | | | | | | | |
| 1 | | Inspection Reports & IRC. | | | | | | | | | |
|  | |  | | | | | | | | | |
| **Notes,Exclusions,etc.** | | | | | | | | | | | |
| 1. | | Ratesgivenarevaliduntilend of work completion. | | | | | | | | | |
| 2. | | Rates exclude accommodation and flight costs which are subject to invoiced amount. | | | | | | | | | |
| **CTREstimate**  **Personnel ManhoursRate Cost Comments** | | | | | | | | | | | |
| Rotating Equipment Inspector | | |  | | |  | |  | |  | |
| Inspection Coordinator | | |  | | |  | |  | |  | |
|  | | |  | | |  | |  | |  | |
| *(Please include as required)* | | |  | | |  | |  | |  | |
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| Per Diem | | |  | | |  | |  | |  | |
| **Total USD**  **PreparedBy ApprovedBy AcceptedBy** | | | | | | | | | | | |
| Name(incaps)  Signature  Date | |  | | Name(incaps)  Signature  Date |  | | | | Name(incaps)  Signature  Date | |  |
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