



Hong Kong Institute of Utility Specialists

Project Quality Plan

1. PROJECT DETAILS

Field No:		
Project Title:		
Project No.:		
Project Main Client:		Contact:
BUDA Client's Consultant:		
Contract Review No.:		
Works Order/Notice to proceed***:		
Project Commencement Date:		
Expected Completion Date:		Duration:

*** Project shall not commence until confirmation in writing has been received or recorded.

2. CLIENT DETAILS

Name of Company:		
Name of Contact Person:		
Address:		
Telephone No.:		Mobile:
Fax No.:		
E-mail:		

3. PROJECT TEAM

Team

Team (*Circle as appropriate)

Project Manager: _____

Engineer(s) / STO: _____

Assistant Engineer / TO: _____

Others: _____

BUDA's Potential Subcontractor(s)

Company's Name:

BUDA's Subcontractor(s)

Name: _____

Subcontractor No. _____

Address: _____

Contact Person: _____

Telephone No.: _____

Fax No.: _____

Nature and scope of services: _____

Payment method: _____

E-mail: _____

4. PROJECT PLANNING

Project description: _____

Site Location: _____



Scope of works: (Mark "X" where appropriate)

CONSULTANCY		SURVEY	
Consultancy Services		Utility Survey	
LEAK DETECTION		Pipe Cable Locator	
Pressurised Services		Sonde	
Visual Inspection		Ground Penetrating Radar (GPR)	
Alignment / Connectivity of Pipe Checking		Seismic Refraction	
Pipe Cable Locator		Resistivity Imaging	
Transmission / Sweeping method		CCTV Survey	
Sonde		Dye Testing	
Leak Noise Correlator		Manhole	
Correlating Noise Logger		Thermographic Inspection	
Direct Sounding - Mechanical Listening		Flow Monitoring Survey	
Surface Sounding - Electronic Listening		Topographic Survey	
Gas / Pressure Test		LINING	
Hydrogen Gas Detection		Air Inversion Lining	
Chlorine / Chloride Sampling		Pull in Lining	
Non-Pressurised Services		Part Lining	
Dye Testing		Cured in Place Pipe Lining	
Manhole Condition Survey		DIGITAL UTILITY INFORMATION	
High Pressure Jetting		Digital Map Surveying	
Walkthrough Inspection		WORKS	
CCTV Survey		Manhole Patch	
Sonar		Pit Excavation	
AMS-4 Leakage Detection		High Pressure Water Jetting	
Air and Packer Test			
Optical Investigation / Profile Measurement		OTHERS	
		Mobilization	
OTHERS			
Man Entry			

Special areas to be aware of:

Access: _____

Traffic: _____

Safety: _____

Others: _____

5. PROJECT INPUT

Document	Details
Documents containing client's Instructions on scope of work:	
Record Drawings:	
Relevant Method Statement:	
Others:	

Equipment required: (State appropriate quantities)

Type	Qty	Type	Qty	Type	Qty
Standard Sonde	_____	CCTV, Pear-point	_____	Personal Alarm System	_____
Sewer Sonde	_____	CCTV, C152	_____	Life Support System	_____
Locator	_____	CCTV, Mainline	_____	Hudson resuscitator	_____
Leak Noise Correlator	_____	Gas Detector System	_____	Walkie Talkie	_____
Ground Microphone	_____	Datalogger	_____	Life Oxygen Pac	_____
Generator	_____	Pressure Gauge	_____	Confined Space Tripod	_____
Engine Pump	_____	Power Drill	_____	Breathing Apparatus	_____
Water Jet System	_____	Ventilation Fan	_____	Measuring Stick	_____
Total Station(Topographic)	_____	Autex Full lining system	_____	Others (Listening stick)	_____
Epros Full lining system	_____	Epros Patch lining system	_____	Road traffic control tool	_____

6. PROJECT OUTPUT

Items	Qty	Submission dates
Draft Report		
Final Report		
Draft Drawings		
Final Drawings		
Photographs		

7. PROGRAMME

No. _____

Yes. _____ (Please attach the programme)

8. PROJECT SPECIFIC DEVIATIONS

Prepared by: _____ (name) _____ (signature) Date: _____
(Project Coordinator)

Checked by: _____ (name) _____ (signature) Date: _____
(Crew leader)

Approved by: _____ (name) _____ (signature) Date: _____
(Project in Charge)