

Commercial or Process Operations

Utilization of the completed plant, equipment and systems to produce the product for which the plant was designed .

ATTACHMENTS

Exhibit G.T.01	Mechanical Completion Certificate
Exhibit G.T.02	Trasfer of Care, Custody and Control Letter
Exhibit G.T.03	Piping Turnover Package Index
Exhibit G.T.04	Hydrostatic Test Report
Exhibit G.T.05	Pressure Relief Valve Calibration Checklist
Exhibit G.T.11	Conduit and Cable Tray Checklist
Exhibit G.T.12	Low - Voltage Feeders Checklist
Exhibit G.T.13	Instrument Inspection Checklist
Exhibit G.T.14	Final Loop Check
Exhibit G.T.15	Motors Checklist
Exhibit G.T.16	Control Scheme Checklist
Exhibit G.T.17	Lighting, Receptacle, Instrument Trasformers Checklist
Exhibit G.T.18	Lighting, Receptacle, Instrument Distribution Panels Checklist
Exhibit G.T.19	Control and Relay Panels Checklist
Exhibit G.T.20	Motors Control Centers Checklist
Exhibit G.T.21	Power Panel Checklist
Exhibit G.T.22	Switchgear Checklist
Exhibit G.T.23	High - Voltage Motors and Starters Checklist

MECHANICAL COMPLETION CERTIFICATE

Sheet of

PROJECT NO.	MCC NO.	
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This documents the turnover to and acceptance by the Client of equipment and/or systems listed below as being mechanically complete in accordance with the established system boundaries.

COMPONENT, SYSTEM OR SUBSYSTEM NUMBER	DESCRIPTION

EXCEPTIONS TO THE ABOVE SCOPE

SIGNATURES

RELEASED BY :	DATE	ACCEPTED BY (Client)	DATE

TRANSFER OF CARE , CUSTODY AND CONTROL LETTER

GENTA

Return Address

Re : **GENTA Contract**
Project _____
Letter No. _____

Attention : _____

Gentlemen :

TRANSFER OF CARE, CUSTODY AND CONTROL

This letter is to advise you that effective _____ all work is essentially complete and ready for _____ on the _____. The respective equipment has been tested and operation , maintenance , care , custody and control is now under the supervision of your operating personnel.

Pursuant to provision _____ of the Contract, upon your acceptance hereof it is provided that care , custody and control of the _____ will have passed to _____. Responsibility for loss or damage to _____ is assumed by _____ and subrogation is waived against **GENTA** and/or its Subcontractor(s) under insurance which _____ may hereafter carry in force on the _____.

This writing is separate from and shall not take the place of any other notice of completion required under _____. Nothing herein contained , moreover , shall be construed as relieving **GENTA** of any of its guarantees under the contract covering the _____ hereby transferred , except in pursuant to _____.

All warranty and/or guarantee periods for subject equipment shall commence upon execution of this acceptance .

Please acknowledge your acceptance and approval of the foregoing by signing and returning two of the enclosed copies of this letter or advise in what respect the _____ is not _____.

Very truly yours ,
Site Project Manager

Approved and Accepted by :

Company

Name and Title

Date

PIPING - Turnover Package Index

DRAWINGS	
P & I D S	_____

O T H E R S	_____

EXCEPTION LIST

YES NO

HYDROSTATIC TEST REPORT

REMARKS

HYDROSTATIC TEST REPORT

LINE SERVICE		LOG NO.
WORKING PRESSURE	FLUSHING COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST PRESSURE
PIPE SPECIFICATIONS	LINE NUMBER	TEST PROCEDURE
LOCATION		
DRAWING REFERENCES		
REMARKS _____ _____ _____ _____		
TEST RESULTS <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED		
REMARKS _____ _____ _____ _____		
APPROVALS		
MECHANICAL DEPARTMENT		DATE
AREA PIPING ENGINEER		DATE
GENTA QC INSPECTOR		DATE
CLIENT ENGINEER		DATE
CODE INSPECTOR (if Required)		DATE

INSTRUMENTATION INSPECTION CHECKLIST

SYSTEM	LOOP NO.
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DRAWING(S)

INSTRUMENT REQUIREMENTS

INSTRUMENTS NUMBERS

	<u>ACCEPTABLE</u>	<u>DATE</u>
1. Instruments mounted at proper height.	<input type="checkbox"/>	
2. Instrument stands secure and vibration free.	<input type="checkbox"/>	
3. Correct piping/tubing materials used.	<input type="checkbox"/>	
4. All tubing trays and supports per details.	<input type="checkbox"/>	
5. All air supply and process tubing connected to proper parts per details.	<input type="checkbox"/>	
6. All tubing fitting nuts torqued per specifications.	<input type="checkbox"/>	
7. Good workmanship used in tubing installation and neat in appearance	<input type="checkbox"/>	
8. Signal/power leads have proper seperation and angle of intersection .	<input type="checkbox"/>	
9. Tubing/piping pressure tested prior to heat tracing or insulating.	<input type="checkbox"/>	
10. Loop checked per specification.	<input type="checkbox"/>	

ANY DISCREPANCIES NOTED ABOVE AS FOLLOWS

INSTRUMENT NO.	ITEM OF NON-CONFORMANCE FROM ABOVE LIST	DATE CLEARED

SIGNATURES

CRAFT SUPERVISION	DATE
INSPECTOR	DATE
CLIENT REPRESENTATIVE	DATE

MOTORS CHECKLIST

SYSTEM	CONTROL SCHEME	EQUIPMENT NO.	
MECHANICAL AS INSTALLED			
<u>ACCEPTABLE</u>		<u>ACCEPTABLE</u>	
MOTOR EQUIP. NO. NAMEPLATE	<input type="checkbox"/>	ERICSON CPLG.	<input type="checkbox"/>
BELT DRIVE	<input type="checkbox"/>	MEYERS HUB	<input type="checkbox"/>
DOWEL PINS	<input type="checkbox"/>	CONDUIT BRACE	<input type="checkbox"/>
DRAIN PLUG	<input type="checkbox"/>	FLEX. CONDUIT	<input type="checkbox"/>
GASKET-COND. BOX	<input type="checkbox"/>	MTR. ROTATES FREELY	<input type="checkbox"/>
WEEPHOLE-COND.BOX	<input type="checkbox"/>		
ELECTRICAL AS INSTALLED			
MCC DISC SWITCH SIZE	_____	FEEDER CABLE SIZE	_____
FUSE SIZE	_____	CONTROL XFMR SIZE	_____
STARTER SIZE	_____	GROUNDING	_____
OL HEATER SIZE	_____	LOCAL DISC. SWITCH	_____
OL CTS RATIO	_____	MOTOR SPACE HEATER	_____
METER CTS RATIO	_____		
ACTUAL NAMEPLATE DATA			
MFG	_____	VOLTS	_____
H.P.	_____	ENCL.	_____
F.L.A.	_____	INS. CL	_____
S.F.	_____	TEMP.	_____
R.P.M	_____		
ELECTRICAL TEST DATA			
MEGGER AT	ROTATION	NO LOAD AMPS	2 HOUR RUN
1000V MEG	CW.....CCW.....		YES <input type="checkbox"/> NO <input type="checkbox"/>
COMMENTS			

INSPECTOR			DATE

CONTROL SCHEME CHECKLIST

SYSTEM	CONTROL SCHEME	MTR. EQUIPMENT NO.	DRAWING NO./ REV.
MOTOR UNCOUPLED	ACCEPTABLE <input type="checkbox"/>	STIMULATE CONTROL SCHEME OPERATION	ACCEPTABLE <input type="checkbox"/>
MOTOR LEADS DROPPED (Low Voltage)	<input type="checkbox"/>	1. CONTROL POWER ON	<input type="checkbox"/>
CONTACTOR IN TEST POSITION (High Voltage)	<input type="checkbox"/>	2. OPERATE STARTER AND COMPONENTS	<input type="checkbox"/>
SOLENOIDS DISCONNECTED	<input type="checkbox"/>	3. FIELD DEVICES (LS. PS. ,etc.) SIMULATED BY JUMPERING AT DEVICE	<input type="checkbox"/>
NEUTRAL GROUNDED	<input type="checkbox"/>	5. VOLTAGE TO SOLENOID AT FIEL LOCATION	<input type="checkbox"/>
WIRE MARKERS COMPLETE	<input type="checkbox"/>	EQUIPMENT RECONNECTED	<input type="checkbox"/>
REMARKS AND MISSING COMPONENTS			

INSPECTOR			DATE

MOTOR CONTROL CENTERS CHECKLIST

EQUIPMENT NO	SYSTEM
INCOMING FEEDER SIZE	_____
IN.FDR-CONDUIT OR CABLE BUS	_____
MAIN DISCONNECT RATING	_____
CONTROL TRANSFORMER Kva	_____
CONT.PNL.MAIN BKR OR FUSE SIZE	_____
HORIZONTAL BUS RATING	_____
HORIZONTAL BUS TYPE	Cu A1
VERTICAL BUS RATING	_____
VERTICAL BUS TYPE	Cu A1
MEGGER AT 1000 V 0-0	Meg
MEGGER AT 1000 V 0-GROUND	Meg
	ACCEPTABLE
REMOTE TRIP INSTALLED <input type="checkbox"/>	BUS JOINTS TORQUED <input type="checkbox"/>
VENTILATION FILTERS <input type="checkbox"/>	ALL MECHANICAL INTERLOCKS OPERATIONAL <input type="checkbox"/>
CONTROL PNL DIRECTORY COMPLETE <input type="checkbox"/>	UNUSED KNOCKOUTS PLUGGED <input type="checkbox"/>
ALL NAMEPLATES COMPLETE <input type="checkbox"/>	FLOOR ANCHORS INSTALLED <input type="checkbox"/>
GROUND BUS CONTINUOUS <input type="checkbox"/>	GROUNDING COMPLETE <input type="checkbox"/>
GROUND BUS TIED TO PLANT GND. <input type="checkbox"/>	TOUCH UP PAINTING COMP. <input type="checkbox"/>
REMARKS	

INSPECTOR	DATE

POWER PANEL CHECKLIST

NAME	SYSTEM
INCOMING FEEDER SIZE	_____
MAIN DISC.OR FUSE RATING.	_____
VERTICAL BUS RATING	_____
VERTICAL BUS TYPE	<u>Cu</u> <u>A1</u>
MEGGER AT 1000 V 0-0	<u>Meg</u>
MEGGER AT 1000 V 0-GROUND	<u>Meg</u>
FEEDER FUSE TYPE	_____
	<div style="display: flex; justify-content: space-between;"> ACCEPTABLE ACCEPTABLE </div>
REMOTE TRIP INSTALLED <input type="checkbox"/>	ALL MECHANICAL INTERLOCKS OPERATIONAL <input type="checkbox"/>
VENTILATION FILTERS <input type="checkbox"/>	UNUSED KNOCKOUTS PLUGGED <input type="checkbox"/>
ALL NAMEPLATES COMPLETE <input type="checkbox"/>	FLOOR ANCHORS INSTALLED <input type="checkbox"/>
GROUND BUS INSTALLED <input type="checkbox"/>	GROUNDING COMPLETE <input type="checkbox"/>
GROUND BUS TIED TO PLANT GND. <input type="checkbox"/>	TOUCH UP PAINTING COMP. <input type="checkbox"/>
REMARKS	
_____ _____ _____ _____ _____ _____ _____ _____	
INSPECTOR	DATE

HIGH VOLTAGE MOTORS AND STARTERS

NAME	EQUIPMENT NO	SYSTEM
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MOTORS

Complete the motor Checklist ,form Q23-2, except for electrical test data

STARTERS

	ACCEPTABLE		ACCEPTABLE
ALL NAMEPLATES COMPLETE	<input type="checkbox"/>	TOUCH UP PAINTING COMP.	<input type="checkbox"/>
GROUND BUS TIED TO PLANT GND.	<input type="checkbox"/>	MAINTENANCE TOOLS AVAILABLE	<input type="checkbox"/>
UNUSED KNOCKOUTS PLUGGED	<input type="checkbox"/>	CONDUITS LABELED 4160 V	<input type="checkbox"/>
FLOOR ANCHORS INSTALLED	<input type="checkbox"/>	CONTROL SCHEME CHECK	<input type="checkbox"/>
GROUTING COMPLETE	<input type="checkbox"/>		

COMMENTS

INSPECTOR	DATE
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