



Lasik Center



DOCUMENT SUBMITTAL FORM – (SUB)

Contract Name: .....

Consultant: ProMEP Prof. Dr. Walid Abdelghaffar

TITLE: <i>J.P Siamose Connection</i>	SUBMITTAL NO.: <i>24</i>
TO:	REVISION NO.: Rev. 0
FROM: <i>Amr Abdel Mawfi</i>	SUBMISSION DATE: <i>24/8/2021</i>
ATTN.:	C/REF.:

**TYPE OF SUBMITTAL**

<input type="checkbox"/> SCE - Program / Schedule	<input type="checkbox"/> CRT - Certification, Verification & Verification of Performance	<input type="checkbox"/> INC - Insurance Certificates
<input type="checkbox"/> ITP - Inspection & Test Plan	<input type="checkbox"/> OMM - Operating & Maintenance Manuals	<input type="checkbox"/> PBW - Bonds, Guarantees, Warranties
<input type="checkbox"/> MST - Method Statement	<input type="checkbox"/> QPP - Quality Plans & Procedures	<input type="checkbox"/> MUP - Mock Ups & QC Panels
<input type="checkbox"/> TST - Test reports		<input checked="" type="checkbox"/> OTH -Others

**SUBMITTAL DISCIPLINE & DESCRIPTION**

C-CIVIL    S-STRUCTURAL    A-ARCHITECTURAL    E-ELECTRICAL    M-MECHANICAL    O-OTHER

DESCRIPTION: *Siamose Connection (A-95) - GicComini*

BOQ REF: \_\_\_\_\_ Location / Use: \_\_\_\_\_

CONTRACTOR SIGNATURE: *[Signature]* Date: *24/8/2021*

ProMEP RECEIVE: <i>[Signature]</i> <i>24/8/21</i>	RETURNED FROM ProMEP <i>[Signature]</i>	CONTRACTOR RECEIVE	CON
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**CLIENT COMMENTS (optional)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ProMEP COMMENTS**

*Brand is approved*

*siamose connection should be checked in site before installation*

*it's size should be according to approved shopdrawing*





Lasik Center



DOCUMENT SUBMITTAL FORM - (SUB)

Contract Name: .....

Consultant: ProMEP Prof. Dr. Walid Abdelghaffar

TITLE: <i>fire fighting Air valve</i>	SUBMITTAL NO.: <i>22</i>
TO:	REVISION NO.: Rev. 0
FROM: <i>Amr Abo elMeneh</i>	SUBMISSION DATE: <i>24/8/2021</i>
ATTN.:	C/REF.:

TYPE OF SUBMITTAL

- SCE - Program / Schedule
- ITP - Inspection & Test Plan
- MST - Method Statement
- TST - Test reports
- CRT - Certification, Verification & Verification of Performance
- OMM - Operating & Maintenance Manuals
- QPP - Quality Plans & Procedures
- INC - Insurance Certificates
- PBW - Bonds, Guarantees, Warranties
- MUP - Mock Ups & QC Panels
- OTH - Others

SUBMITTAL DISCIPLINE & DESCRIPTION

- C-CIVIL
- S-STRUCTURAL
- A-ARCHITECTURAL
- E-ELECTRICAL
- M-MECHANICAL
- O-OTHER

DESCRIPTION: *Air valve - VAL Matic*

BOQ REF:

Location / Use:

CONTRACTOR SIGNATURE: *[Signature]*

Date: *24/8/2021*

ProMEP RECEIVE: <i>[Signature]</i> <i>24/8/2021</i>	RETURNED FROM ProMEP <i>[Signature]</i> <i>M</i>	CONTRACTOR RECEIVE	CON
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CLIENT COMMENTS (optional)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ProMEP COMMENTS

*Brand is approved*

*valve should be checked in site before installation*

*valve size should be according to approved shopdrawing*





Lasik Center



DOCUMENT SUBMITTAL FORM - (SUB)

Contract Name: .....

Consultant: ProMEP Prof. Dr. Walid Abdelghaffar

TITLE: <i>fire fighting Drain &amp; ball valve</i>	SUBMITTAL NO.: <i>21</i>
TO:	REVISION NO.: Rev. 0
FROM: <i>Amr Aboen el Memf.</i>	SUBMISSION DATE: <i>24/8/2021</i>
ATTN.:	C/REF.:

**TYPE OF SUBMITTAL**

<input type="checkbox"/> SCE - Program / Schedule	<input type="checkbox"/> CRT - Certification, Verification & Verification of Performance	<input type="checkbox"/> INC - Insurance Certificates
<input type="checkbox"/> ITP - Inspection & Test Plan	<input type="checkbox"/> OMM - Operating & Maintenance Manuals	<input type="checkbox"/> PBW - Bonds, Guarantees, Warranties
<input type="checkbox"/> MST - Method Statement	<input type="checkbox"/> QPP - Quality Plans & Procedures	<input type="checkbox"/> MUP - Mock Ups & QC Panels
<input type="checkbox"/> TST - Test reports		<input checked="" type="checkbox"/> OTH - Others

**SUBMITTAL DISCIPLINE & DESCRIPTION**

C-CIVIL    S-STRUCTURAL    A-ARCHITECTURAL    E-ELECTRICAL    M-MECHANICAL    O-OTHER

DESCRIPTION: *Drain & ball valve - GioCarini Italy*

BOQ REF: \_\_\_\_\_ Location / Use: \_\_\_\_\_

CONTRACTOR SIGNATURE: *[Signature]* Date: *24/8/2021*

ProMEP RECEIVE: <i>[Signature]</i> 9/1	RETURNED FROM ProMEP <i>[Signature]</i>	CONTRACTOR RECEIVE	CON
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**CLIENT COMMENTS (optional)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ProMEP COMMENTS**

*Brand is approved  
value should be checked before installation in site  
value size should be according to approved shopdrawing*





Lasik Center



DOCUMENT SUBMITTAL FORM - (SUB)

Contract Name: .....

Consultant: ProMEP Prof. Dr. Walid Abdelghaffar

TITLE: <i>I.P. Detection System</i>	SUBMITTAL NO.: <i>27</i>
TO:	REVISION NO.: Rev. 0
FROM: <i>Amr Alaael Mena</i>	SUBMISSION DATE: <i>24/8/2021</i>
ATTN.:	C/REF.:

**TYPE OF SUBMITTAL**

<input type="checkbox"/> SCE - Program / Schedule	<input type="checkbox"/> CRT - Certification, Verification & Verification of Performance	<input type="checkbox"/> INC - Insurance Certificates
<input type="checkbox"/> ITP - Inspection & Test Plan	<input type="checkbox"/> OMM - Operating & Maintenance Manuals	<input type="checkbox"/> PBW - Bonds, Guarantees, Warranties
<input type="checkbox"/> MST - Method Statement	<input type="checkbox"/> QPP - Quality Plans & Procedures	<input type="checkbox"/> MUP - Mock Ups & QC Panels
<input type="checkbox"/> TST - Test reports		<input checked="" type="checkbox"/> OTH - Others

**SUBMITTAL DISCIPLINE & DESCRIPTION**

C-CIVIL    S-STRUCTURAL    A-ARCHITECTURAL    E-ELECTRICAL    M-MECHANICAL    O-OTHER

DESCRIPTION: *Detection system - MirCam*

BOQ REF: \_\_\_\_\_ Location / Use: \_\_\_\_\_

CONTRACTOR SIGNATURE: *[Signature]* Date: *24/8/2021*

ProMEP RECEIVE: <i>[Signature]</i> <i>20/9/11</i>	RETURNED FROM ProMEP <i>[Signature]</i> <i>M</i>	CONTRACTOR RECEIVE	CON
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CLIENT COMMENTS (optional)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ProMEP COMMENTS

*MIRCUM Brand is approved*  
*Detections should be checked in site before installation*





Lasik Center



DOCUMENT SUBMITTAL FORM – (SUB)

Contract Name: .....

Consultant: ProMEP Prof. Dr. Walid Abdelghaffar

TITLE: <i>PP. CO2 system</i>	SUBMITTAL NO.: <i>26</i>
TO:	REVISION NO.: Rev. 0
FROM: <i>Amr Alwael Memf.</i>	SUBMISSION DATE: <i>24/8/2021</i>
ATTN.:	C/REF.:

TYPE OF SUBMITTAL		
<input type="checkbox"/> SCE - Program / Schedule	<input type="checkbox"/> CRT - Certification, Verification & Verification of Performance	<input type="checkbox"/> INC - Insurance Certificates
<input type="checkbox"/> ITP - Inspection & Test Plan	<input type="checkbox"/> OMM - Operating & Maintenance Manuals	<input type="checkbox"/> PBW - Bonds, Guarantees, Warranties
<input type="checkbox"/> MST - Method Statement	<input type="checkbox"/> QPP - Quality Plans & Procedures	<input type="checkbox"/> MUP - Mock Ups & QC Panels
<input type="checkbox"/> TST - Test reports		<input checked="" type="checkbox"/> OTH -Others

SUBMITTAL DISCIPLINE & DESCRIPTION	
<input type="checkbox"/> C-CIVIL	<input type="checkbox"/> S-STRUCTURAL
<input type="checkbox"/> A-ARCHITECTURAL	<input type="checkbox"/> E-ELECTRICAL
<input checked="" type="checkbox"/> M-MECHANICAL	<input type="checkbox"/> O-OTHER

DESCRIPTION: *CO2 system - LPG*

BOQ REF: \_\_\_\_\_ Location / Use: \_\_\_\_\_

CONTRACTOR SIGNATURE: *[Signature]* Date: *24/8/2021*

ProMEP RECEIVE: <i>[Signature]</i> <i>24/8/21</i>	RETURNED FROM ProMEP <i>[Signature]</i>	CONTRACTOR RECEIVE	CON
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CLIENT COMMENTS (optional)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ProMEP COMMENTS

*Brand is approved*

*Calculations needed to be sent before installation*

*Should be checked in site before installation*

*Cylinders balance and U to ap*