# Horizontal Circular Duct Band-Hanger Inspection Guide

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| Project | Location | Status |
|---|---|---|
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| Date | Completed by |
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| | |

## Inspection Basis

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 1 | ☐ | Confirm approved hanger details cover the installed duct diameter, material, supported load and support spacing. If criteria are missing or conflicting, record the affected locations and obtain clarification from the responsible designer before acceptance. | | |

## Band Material

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 2 | ☐ | Verify band material matches the approved hanger specification using identification or traceable material documentation. | | |

## Band Width

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 3 | ☐ | Measure band width and compare it with the approved requirement for the installed duct. | | |

## Band Thickness

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 4 | ☐ | Verify band thickness against the approved requirement using a suitable measurement at an accessible edge or traceable material documentation. | | |

## Band Condition

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 5 | ☐ | Inspect bands for cracks, tears, corrosion or unintended bends. Record any damage for evaluation against the approved requirements before acceptance. | | |

## Overhead Support Location

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 6 | ☐ | Verify each overhead attachment connects to the structural member or support assembly identified in the approved detail. | | |

## Anchor Selection

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 7 | ☐ | Compare anchor type, size and quantity with the approved attachment detail and verify compatibility with the actual substrate using the specified anchor manufacturer's instructions. | | |

## Anchor Installation

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 8 | ☐ | Verify applicable anchor installation requirements, including embedment, edge distances and anchor spacing, against the approved detail and manufacturer's instructions. Use installation records for concealed features; record unverifiable requirements as unresolved. | | |

## Band-End Connections

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 9 | ☐ | Compare band-end connection hardware, fastener quantity and connection arrangement with the approved hanger detail. | | |

## Connection Tightness

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 10 | ☐ | Verify connection tightness using the specified inspection method. Do not apply an assumed torque; obtain clarification if the required verification method is unavailable. | | |

## Hanger-to-Hanger Spacing

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 11 | ☐ | Measure and record hanger-to-hanger spacing along each duct run using the reference points defined by the approved detail, and compare each interval with the permitted spacing. | | |

## Supports at Ends and Joints

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 12 | ☐ | Where the approved details specify support locations relative to duct ends or joints, measure the installed offsets and compare them with those requirements. | | |

## Fitting and Component Supports

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 13 | ☐ | Verify support locations at fittings, branches and inline components against the approved details and applicable component manufacturer's support instructions. | | |

## Band Wrap and Bearing

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 14 | ☐ | Verify band wrap and bearing contact match the approved detail, without unintended concentrated contact at band edges or connections. | | |

## Local Duct Deformation

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 15 | ☐ | Inspect the duct at each band for visible denting, flattening, creasing or ovalization. Record affected locations and obtain evaluation against the approved criteria before accepting deformed ductwork. | | |

## Load-Spreading Components

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 16 | ☐ | Where specified, verify saddles, liners or load-spreading inserts are present and match the approved material, dimensions and placement. | | |

## Insulated Duct Supports

| No. | Done | Check / Requirement | Result | Notes / Evidence |
|---|---|---|---|---|
| 17 | ☐ | Where bands support insulated ductwork, verify the installed support arrangement matches the specified insulation-support detail and inspect for visible crushing at each support. | | |

**Comments / Follow-up**

## Checklist guidance

Band hangers support horizontal circular ductwork through contact between the band and the duct, with loads transferred through connections to the overhead support. Inspection therefore needs to consider both the support assembly and the duct at each bearing location. This guide explains how to use the approved checklist without substituting generic dimensions, spacing limits or torque values for project-specific requirements.

1. Establish the inspection basis using approved hanger details and applicable manufacturer instructions. Resolve missing or conflicting criteria with the responsible designer before acceptance.

2. Work through the approved checklist at each relevant hanger or duct-run location, using measurements, visual observations and traceable records as appropriate.

3. Record actual findings against the applicable requirements, including support intervals and any damage, deformation or unverifiable concealed features.

4. Obtain clarification or evaluation for unresolved findings and use the approved criteria to determine acceptance.

Tick the box when complete. Record Not done or N/A in Result and note any follow-up.