

REQUEST FOR DOCUMENTATION AND RECORD OF SUBMISSIONS

Project: _____ Dates of Request: _____

Provide data for all BLANK or circled cells. Left or date = received. Right or date = approved. [

Send to: _____ |<--- Cx Record --->| |----- Part of Cx Record ----->|

Equip. Tag	Equipment Description	Spec Section	Cut Sheets & Perform. Data [b]	Product Description Literature	Installation Guide & Shipped Data [c]	Start-up Guide & Checkout Plan	Any Req'd Test Plans [a]	O&M Booklet or Data	Warranty & Any Service Contract	Control Drawings & Points List	Cntrl. Sequences and Schedules	Design Intent & Basis of Design	Start-up Reports	Certifications (pressure, leaks, gas, gov't inspec.,
PUMPS (HVAC) Date needed by: _____ Include: _____ pump curves w/ operating point														
	DHW circ. pump					---	---							---
	DHW booster pump					---	---							---
	Htg. primary					---	---							---
	Htg secondary					---	---							---
	CHW primary					---	---							---
	CHW secondary					---	---							---
	CDW					---	---							---
CHILLER SYSTEM Date needed by: _____ Include: _____ certified efficiencies														
	Chiller													
	Chiller													
COOLING TOWER Date needed by: _____ Include: _____ certified efficiencies														
	Cooling tower													
	Cooling tower													
BOILER SYSTEM Date needed by: _____ Include: _____ certified efficiencies														
	Boiler													
	Boiler													
ROOFTOP & MISC. HVAC Date needed by: _____ Include: _____ fan curves w/ operating point														
	RTU													
	RTU													
	AHU													
	AHU													
	AHU													
	Computer AC													
	Split systems													
	Unit heaters													

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	Heat exchangers													
GAS WATER HEATERS			Date needed by: _____			Include: _____ certified efficiencies								
	DHW heater						---							
	DHW heater						---							
EXHAUST FANS			Date needed by: _____			Include: _____ fan curves w/ operating point								

AIR TERMINAL UNITS			Date needed by: _____											
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							---							---
							---							---
BLDG AUTOMATION SYS			Date needed by: _____			Hard copy of program and setups								
	Control system													
	Valves, dampers													
	Sensors													
TEST & BALANCE WORK			Date needed by: _____											
	Floors ___ TAB		---	---	---		---	---		---	---	---	---	---
	Floors ___ TAB		---	---	---		---	---		---	---	---	---	---
PIPING SYSTEMS			Date needed by: _____											
	Domestic piping		---	---	---	---	---	---	---	---	---		---	
	Domestic clean/flush							---	---	---	---	---		
	HW piping		---	---	---	---	---	---	---	---	---		---	
	HW clean / flush		---	---	---			---	---	---	---	---		
	HW treatment									---	---	---		
	CHW piping		---	---	---	---	---	---	---	---	---		---	

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	CHW clean / flush		---	---	---			---	---	---	---	---		
	CHW treatment									---	---	---		
	CD piping		---	---	---	---	---	---	---	---	---		---	
	CD clean / flush		---	---	---			---	---	---	---	---		
	CD treatment									---	---	---		
	F. Sprinkler piping		---	---	---	---	---	---	---	---	---		---	
	F. S. clean / flush		---	---	---			---	---	---	---	---		
	F.S. treatment									---	---	---		

LIGHTING CONTROLS Date needed by: _____

	Daylighting controls						---							---
	Occup. sensors						---							---
	Ltg. sweeps						---							---
	Ext.lighting cntrls						---							---

EMERG. POWER SYSTEM Date needed by: _____

	Generator						---							
	ATS						---							
	UPS						---							

FIRE AND SMOKE ALARM Date needed by: _____

	FA System													
	Fire / smoke dampers					---	---							---
	Sys. response matrix		---	---	---	---	---	---	---	---			---	---
	Fire marshal test		---	---	---	---	---	---	---	---	---	---	---	---

MEDICAL GAS SYSTEMS Date needed by: _____

	Suction													
	O2													
	NO2													
	Piping													

- [a] Functional test plans or procedures required in the specifications to be submitted by the contractor.
- [b] Plan Tag, Model and Features used on this project must be clearly marked.
- [c] This includes the following: a) Installation guide found in the std. O&M booklet or as a separate sheet. b) All installation and O&M data shipped inside the pieces of equipment. c) The actual startup and checkout field record sheets used by the technician, not the generic one found with the installation guide. Additionally, any mfr. engineering bulletins applicable to this equipment shall be included.

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[d] Enter a check or date in the left side of the cell when received and an X or date in right side when approved.

	Redlines & AS-builts
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