

Prefunctional Checklist

Project _____

PC-_____ EXHAUST FANS ID #'s _____

1. Submittal / Approvals

Submittal. The above equipment and systems integral to them are complete and ready for functional testing. The checklist items are complete and have been checked off only by parties having direct knowledge of the event, as marked below, respective to each responsible contractor. This prefunctional checklist is submitted for approval, subject to an attached list of outstanding items yet to be completed. A Statement of Correction will be submitted upon completion of any outstanding areas. None of the outstanding items preclude safe and reliable functional tests being performed. ___ List attached.

Mechanical Contractor	Date	Controls Contractor	Date
Electrical Contractor	Date	Sheet Metal Contractor	Date
TAB Contractor	Date	General Contractor	Date

Prefunctional checklist items are to be completed as part of startup & initial checkout, preparatory to functional testing.

- This checklist does not take the place of the manufacturer’s recommended checkout and startup procedures or report.
- Items that do not apply shall be noted with the reasons on this form (N/A = not applicable, BO = by others).
- If this form is not used for documenting, one of similar rigor shall be used.
- Contractors assigned responsibility for sections of the checklist shall be responsible to see that checklist items by their subcontractors are completed and checked off.
- “Contr.” column or abbreviations in brackets to the right of an item refer to the contractor responsible to verify completion of this item. A/E = architect/engineer, All = all contractors, CA = commissioning agent, CC = controls contractor, EC = electrical contractor, GC = general contractor, MC = mechanical contractor, SC = sheet metal contractor, TAB = test and balance contractor, ___ = _____.

Approvals. This filled-out checklist has been reviewed. Its completion is approved with the exceptions noted below.

Commissioning Agent	Date	Owner’s Representative	Date
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Notes:

2. Requested documentation submitted

Check if Okay. Enter comment or note number if deficient.

Check	Equip Tag->						Contr.
Manufacturer's cut sheets							
Performance data (fan curves, coil data, etc.)							
Installation and startup manual and plan							
Sequences and control strategies							
O&M manuals							

- **Documentation complete as per contract documents for given trade** YES ___ NO

3. Model verification

[Contr = _____]

1 = as specified, 2 = as submitted, 3 = as installed. Check if Okay. Enter note number if deficient.

Equip Tag-->							
1							
Manuf. 2							
3							
1							
Model 2							
3							
Serial # 3							
1							
CFM 2							
3							
Sound Pwr 1							
Level @ 63, 2							
250; 1K Hz 3							

- **The equipment installed matches the specifications for given trade** YES ___ NO

4. Installation Checks

Check if Okay. Enter comment or note number if deficient.

Check	Equip Tag->						Contr.
Cabinet and General Installation							
Permanent labels affixed							
Casing condition good: no dents, leaks, door gaskets installed							
Mountings checked and shipping bolts removed							
Vibration isolators installed							
Equipment guards installed							
Pulleys aligned							
Belt tension correct							
Plenums clear of debris							
Fans rotate freely							
Fire and balance dampers installed							

Notes:

EXHAUST FAN PREFUNCTIONAL CHECKLIST
PC-_____

Check if Okay. Enter comment or note number if deficient.

Check	Equip Tag->						Contr.
Backdraft dampers installed, per drawings, and operate freely							
Duct system complete							
Electrical							
Electrical connections complete							
Disconnect switch installed							
Overload heaters in place							
Control connections complete							
Operational Checks							
Fan rotation correct							
Electrical interlocks verified							
Any fan status indicators functioning							
No unusual vibration or and noise							
Record full load running amps for each fan. _____rated FL amps x _____srvc factor = _____ (Max amps). Running less than max?							
Check voltage: Rate = _____ Actual = _____ Within 5%?							
The disconnect switch properly operates							
After 24 hours of operation, recheck belt tension and alignment							

- **The checklist items of Part 4 are all successfully completed for given trade.** ___ YES ___ NO

-- END OF CHECKLIST--

Notes: