



Pre-Functional Checklist EXHAUST FAN EF-XXX

PROJECT: *(Project Name)*

PROJECT NUMBER: *(Project Number)*

REPORT ID: *(Report ID Number)*

EQUIPMENT DESCRIPTION: Exhaust Fan

TAG NO: *(Equipment Tag #)*

LOCATION: *(Roof)*

AREA SERVED: *(General or Specific Area)*

This Pre-Functional Checklist is used during the Performance Assurance Process to insure the correct equipment is delivered, installed and properly started in preparation for Functional Testing of related building systems. This checklist does not take the place of the Manufacturer's recommended checkout and startup procedures.

This Checklist is divided into 4 Sections and is to be completed by the Contractor in 4 separate steps. When completing each Section, be sure to check and initial EACH line item as being completed. Each Section's items must ALL be checked complete and initialed before the form is submitted to the PAC. Any item which does not apply can be marked as "N/A" in the initial section. If this form is not used for documenting, one of similar rigor shall be used.

This filled-out checklist has been reviewed with the exceptions noted below.

COMMENTS:



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SECTION 1 – EQUIPMENT DELIVERY:

The Contractor shall complete Section 1 of this form when the equipment is delivered to the site. The purpose is to record the actual design parameters listed below along with the checklist items as indicated. Should there be any discrepancy between the Actual and the Submitted information, or any item be checked incomplete, the Contractor shall immediately notify the PAC and RFM.

DESIGN PARAMETERS:

Parameter	Designed	Submitted	Actual
Make	(Make)		
Model	(Model Number)		
Serial	(Serial Number)		
Fan Air Flow	(0000) cfm		
ESP	(00.0) in. wg		
Motor Size	(00) HP		
RPM	(0000) RPM		
Voltage	(000) V / (0)Φ / (00) Hz		

CHECKLIST ITEMS:

Initial	Complete	Description
_____	Yes / No	All related submittals approved by A/E
_____	Yes / No	O&M data provided to PAC agent
_____	Yes / No	Equipment thoroughly inspected for physical damage
_____	Yes / No	The air openings are sealed with durable plastic
_____	Yes / No	Power supply voltage and phase correct
_____	Yes / No	Electrical Verified: Source Panel, Panel Location, Circuit (List in Comments below)

COMMENTS:

The checklist items of SECTION 1 are all successfully completed..... YES NO



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SECTION 2 – EQUIPMENT INSTALLATION:

The Contractor shall complete Section 2 of this form when the installation of the equipment is being performed. The purpose of this Section is to insure the equipment is installed to the Project Design and the Manufacturer’s recommendations. Immediately notify the PAC and RFM should any item be checked incomplete.

CHECKLIST ITEMS:

Initial	Complete	Description
General Installation Check		
_____	Yes / No	Permanent labels affixed
_____	Yes / No	Casing condition good: no dents, leaks, door gaskets installed
_____	Yes / No	Mountings checked and shipping bolts removed
_____	Yes / No	Vibration isolators installed
_____	Yes / No	Equipment guards installed
_____	Yes / No	Pulleys aligned
_____	Yes / No	Belt tension correct
_____	Yes / No	Plenums clear of debris
_____	Yes / No	Fans rotate freely
_____	Yes / No	Backdraft dampers installed, per drawings, and operate freely
_____	Yes / No	Duct system complete
_____	Yes / No	Fan and motor alignment correct
_____	Yes / No	Fan protective shrouds for belts in place and secure
_____	Yes / No	Fan area clean
_____	Yes / No	Fan and motor properly lubricated
_____	Yes / No	All dampers close tightly
_____	Yes / No	Speed controller installed to achieve schedule CFM and E.S.P.
Electrical Check		
_____	Yes / No	Permanent power verified
_____	Yes / No	Power disconnects in place and labeled
_____	Yes / No	All electric connections tight
_____	Yes / No	Proper grounding installed for components and unit
Controls Check		
_____	Yes / No	All control devices and wiring complete
_____	Yes / No	Control system interlocks connected and functional



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Initial	Complete	Description
_____	Yes / No	Communication with central system functioning

COMMENTS:

The checklist items of SECTION 2 are all successfully completed..... YES NO

SECTION 3 – EQUIPMENT START-UP:

The Contractor shall complete Section 3 of this form during the Start-up procedures for the equipment. The purpose of this Section is to document that proper start-up and check-out procedures were completed and documented.

CHECKLIST ITEMS:

Initial	Complete	Description
_____	Yes / No	PAC and RFM have been notified of start-up
_____	Yes / No	Startup report completed (attach report)

COMMENTS:

The checklist items of SECTION 3 are all successfully completed..... YES NO



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SECTION 4 – NOTIFICATION FOR TESTING:

This piece of equipment is properly installed, has been properly started up and is operational and ready for performance testing.

ALL FIELDS MUST BE ENTERED. NO BLANKS. IF NOT INVOLVED, N/A.

RESPONSIBLE PARTY	VERIFIED BY (Name)	COMPANY	DATE
Mechanical Contractor			
Plumbing Contractor			
General Contractor			
Controls Contractor			
Electrical Contractor			
PAC Consultant			
NMPSFA RFM			
Manufacturer Rep.			