



New Mexico Public School Facilities Authority
1312 Basehart Rd. SE, Suite 200
Albuquerque, NM 87106-4368

Construction Checklist HVAC / DOMESTIC WATER PIPING

PROJECT: *(Project Name)*

PROJECT NUMBER: *(Project Number)*

REPORT ID: *(Report ID #)*

EQUIPMENT DESCRIPTION: HVAC / Domestic Piping and Specialties

AREA SERVED: *(Entire Building)*

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

This Checklist is divided into 2 Sections and is to be completed by the Contractor in 2 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 checklist items as indicated.

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 and materials thoroughly inspected for physical damage
_____	Yes / No	Air openings sealed and protected

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	Piping installed per the drawings and details
_____	Yes / No	Building main shut-off valve assembly installed per drawings and details
_____	Yes / No	Verified that shut-off valves for equipment isolation have been provided per the drawings and specs
_____	Yes / No	Maintenance access acceptable for unit and components
_____	Yes / No	Valves properly labeled
_____	Yes / No	Valves installed in proper direction
_____	Yes / No	Piping, fittings, valves and equipment properly supported and seismically anchored per the details and specifications
_____	Yes / No	Piping, fittings and valves insulated per specification
_____	Yes / No	Piping labeled with flows indicated in the correct direction
_____	Yes / No	P/T plugs installed per drawings
_____	Yes / No	Instrumentation installed according to drawings and details
_____	Yes / No	System filled
_____	Yes / No	Air vents installed at high points of system
_____	Yes / No	Strainers in place and clean
_____	Yes / No	Expansion Tank sized correctly and installed as per design (If Required)
_____	Yes / No	Pressure tested piping per specifications (attach report)
_____	Yes / No	No leaking apparent around fittings
_____	Yes / No	System adjusted and balanced to provide proper flow (If Required)
_____	Yes / No	System cleaned and flushed per specifications (attach report)
_____	Yes / No	Supply water analysis performed and chemically treated as necessary (attach report)



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COMMENTS:

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

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.			