



PROJECT NAME:
PROJECT NUMBER:
REPORT ID:
EQUIPMENT DESCRIPTION:
TAG NO:
LOCATION:
AREA SERVED:

This Construction 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 approved by NMPSFA of similar rigor shall be used.**

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

<p>COMMENTS:</p>



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.

PUMP PURPOSE: HHW CHW DHW

PUMP ID: _____

DESIGN PARAMETERS:

Parameter	Designed	Submitted	Actual
Make			
Model			
Serial			
Flow	X GPM		
Head	X ft		
Motor Size	XX HP		
Voltage	XXXV / XΦ / XXHz		

CHECKLIST ITEMS:

Initial	Complete	Description
_____	Yes / No	All related submittals approved by A/E
_____	Yes / No	O&M data provided to PAC Contractor
_____	Yes / No	Equipment thoroughly inspected for physical damage
_____	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**



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	Label permanently affixed
_____	Yes / No	Installation and startup manual in checklist envelope
_____	Yes / No	Proper clearances around pad/curb verified
_____	Yes / No	Maintenance access acceptable for unit and components
Piping Check (Immediately around pump. See full piping checklist)		
_____	Yes / No	Pipe fittings complete and pipes properly supported
_____	Yes / No	Piping properly labeled
_____	Yes / No	Piping properly insulated
_____	Yes / No	Strainers in place and clean
_____	Yes / No	Piping system properly flushed
_____	Yes / No	No leaking apparent around fittings
_____	Yes / No	Valves properly labeled
_____	Yes / No	Valves installed in proper direction
_____	Yes / No	Instrumentation installed according to drawings and details
Electrical Check		
_____	Yes / No	Permanent power verified
_____	Yes / No	Premium efficiency motors verified
_____	Yes / No	Power disconnects in place and labeled
_____	Yes / No	All electric connections tight
_____	Yes / No	Proper grounding installed for components and unit
_____	Yes / No	Power outlet provided at unit
_____	Yes / No	Starter overload breakers installed and correct size
_____	Yes / No	VFD powered (wired to controlled equipment)
_____	Yes / No	VFD interlocked to control system
_____	Yes / No	Drive location not subject to excessive temperatures
_____	Yes / No	Drive location not subject to excessive moisture or dirt
_____	Yes / No	Drive size matches motor size
_____	Yes / No	Internal setting designating the model is correct



Initial	Complete	Description
_____	Yes / No	Input of motor FLA represents 100% to 105% of motor FLA rating
_____	Yes / No	Appropriate Volts vs Hz curve is being used
_____	Yes / No	Upper frequency limit set at 100%, unless explained otherwise
Controls Check		
_____	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 has 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**



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.			