|  |  |
| --- | --- |
| FT: | **26 51 00-1** |
| **ITEM:** | **Emergency Lighting**  |
| **ID:** | *(Use one form for each Equipment)* |
| **AREA SERVED:** | *(Building and Room Number / Name)* |

Form Filled Out By:

|  |  |  |
| --- | --- | --- |
|  | **Name & Company** | **Date** |
| GC |  |  |
| MC |  |  |
| EC |  |  |
| BC |  |  |
| CC |  |  |
| OR |  |  |
| A/E |  |  |
| CA |  |  |

GC = General Contractor; MC = Mechanical Contractor; EC = Electrical Contractor; BC = Balancing Contractor; CC = Controls Contractor; OR = Owner Representative; A/E = Architect/Engineer; CA = Commissioning Agent, XX = No Initials Required

# TEST PREREQUISITES

The following items have been completed and the equipment is ready for Functional Testing.

Check if OK. Enter Outstanding Item Note number if deficient.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item | **GC** | **MC** | **EC** | **BC** | **CC** | **OR** | **A/E** | **CA** |
| Product documentation submitted |  | XX |  | XX |  |  |  |  |
| Start-up report submitted |  | XX |  | XX |  |  |  |  |
| Prefuctional Checklist completed  |  | XX |  | XX |  |  |  |  |

# FUNCTIONAL PERFORMANCE VERIFICATIONS

**Demonstrate operation of equipment per Contract Documents including the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Test Procedure** | **Panel & Circuit** | **Area Served** | **Pass/Fail** |
| 1 | *Switch each breaker to the off position and confirm the emergency fixtures in each space remain illuminated with the electrical power off and non emergency fixtures turn off* |  |   |   |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |   |
|  |   |  |
|  |   |   |
| 2 | *Switch each breaker to the ON position and confirm the emergency fixtures in each space remain illuminated and non emergency fixtures turn ON* |  |  |   |
|  |  |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**OUTSTANDING ITEMS**

Note outstanding items in table below. Use numbers referenced above.

|  |  |  |
| --- | --- | --- |
| Resolved(Initial / Date) | **Note** | Description |
|  | **1.** |  |
|  | **2.** |  |
|  | **3.** |  |
|  | **4.** |  |
|  | **5.** |  |
|  | **6.** |  |
|  | **7.** |  |
|  | **8.** |  |
|  | **9.** |  |
|  | **10.** |  |

# FIELD NOTES

Fill in as appropriate.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

# SIGN OFF

System / Equipment has been installed in accordance with the Contract Documents and is ready for Owner acceptance.

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **Contractor’s Representative** |  |  |
| **A /E Representative** |  |  |
| **Commissioning Agent** |  |  |
| **Owner’s Representative** |  |  |

## END OF TEST