**This Prefunctional Checklist should be completed as part of startup and initial checkout of the equipment in preparation for Functional Performance testing.**

|  |  |
| --- | --- |
| PC: | **23 09 16** |
| **ITEM:** | **Refrigeration Monitoring Systems Configuration Setup** |
| **ID:** |  |
| **AREA SERVED:** |  |

Form Filled Out By:

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

GC = General Contractor; MC = Mechanical Contractor; EC = Electrical Contractor; BC = Balancing Contractor; RMCSC = Refrigerant Monitoring Control System Contractor; OR = Owner Representative; A/E = Architect/Engineer; CA = Commissioning Agent

XX = No Initials Required

# DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **GC** | **MC** | **EC** | **RMCSC** | **OR** | **A/E** | **CA** |
| Product information submitted |  |  |  |  |  |  |  |
| Shop drawings submitted |  |  |  |  |  |  |  |
| Equipment Cut Sheets |  |  |  |  |  |  |  |
| Manufacturer’s installation instructions submitted |  |  |  |  |  |  |  |
| Manufacturer’s startup instructions submitted |  |  |  |  |  |  |  |
| Coordination drawings |  |  |  |  |  |  |  |
| O & M Manuals submitted |  |  |  |  |  |  |  |
| Manufacturer’s representative start-up and check out complete and report submitted. |  |  |  |  |  |  |  |

# INSTALLATION VERIFICATION

**This checklist does not take the place of the manufacturer’s recommended checkout and startup procedures or report.**

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

| **No** | **Item** | **GC** | **MC** | **EC** | **RMCSC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Select the Configuration Tab – Then select Network Nodes sub-tab – Then select scan all nodes. Configured controllers will be visible after scan. Confirm all configured controllers are listed on scan results |  |  |  |  |  |  |  |
| 2 | Configuration Tab – Network Nodes – Duplicates. Check list to make sure no two devices have been assigned the same network address. |  |  |  |  |  |  |  |
| 3 | Configuration Tab – Network Nodes –Upload Tab. Confirm there are no failures shown |  |  |  |  |  |  |  |
| 4 | Configuration Tab – Network Nodes –Download TAB. Confirm there are no failures shown |  |  |  |  |  |  |  |
| 5 | Configuration Tab –Time. Confirm the correct time zone, operating hours, daylight savings and holidays settings are configured correctly |  |  |  |  |  |  |  |
| 6 | Configuration – System. Confirm store name/ details, unit name, preferences, system language setting are correct |  |  |  |  |  |  |  |
| 7 | Configuration – System – Auth Levels. Confirm the number and user authorization types have been entered and are appropriate for the users. (Supervisor, Service, Daily User) |  |  |  |  |  |  |  |
| 8 | Configuration - Alarms – Connections. Confirm the correct network connection is selected for alarms (e-mail, Remote, XML) |  |  |  |  |  |  |  |
| 9 | Configuration - Alarms – Connections – Confirm a schedule is defined to alarm output. Failure to set a schedule will inhibit any alarm output |  |  |  |  |  |  |  |
| 10 | Configuration – Alarms – Alarm Routing. Confirm alarm actions, pre-delay, duration times and stop conditions are defined and programmed correctly |  |  |  |  |  |  |  |

# 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.

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

# SIGN OFF

System / Equipment have been installed in accordance with the Contract Documents and is ready for Functional Testing.

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

##### END OF CHECKLIST