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

|  |  |
| --- | --- |
| PC: | **23 90 00** |
| **ITEM:** | Case, Frozen Foods, Wide island with Glass lids, Low Temperature |
| **ID:** |  |
| **AREA SERVED:** |  |

Form Filled Out By:

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

GC = General Contractor; FS = Food Contractor; EC = Electrical Contractor; BC = Balancing Contractor; OR = Owner Representative; A/E = Architect/Engineer; CA = Commissioning Agent; MC = Mechanical Contractor

XX = No Initials Required

# DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **GC** | **FS** | **EC** | **MC** | **CC** | **OR** | **A/E** | **CA** |
| Product information submitted |  |  |  |  |  |  |  |  |
| Shop drawings submitted |  |  |  |  |  |  |  |  |
| Manufacturer’s installation instructions submitted |  |  |  |  |  |  |  |  |
| Manufacturer’s startup instructions submitted |  |  |  |  |  |  |  |  |
| O & M Manuals submitted |  |  |  |  |  |  |  |  |
| Factory test report submitted if applicable |  |  |  |  |  |  |  |  |
| Manufacturer’s representative start-up and check out complete and report submitted. |  |  |  |  |  |  |  |  |

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Installed  | **Submitted**  | **Specified**  |
| Manufacturer |  |  |  |
| Model |  |  |  |
| Refrigerant type |  |  |  |

# 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** | **FS** | **EC** | **MC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Unit in good condition with no damage present |  |  |  |  |  |  |  |  |
| 2 | Unit is level (side to side and front to back) |  |  |  |  |  |  |  |  |
| 3 | Unit interior/exterior cleaned |  |  |  |  |  |  |  |  |
| 4 | Glass to glass gaps are properly adjusted |  |  |  |  |  |  |  |  |
| 5 | Gasket and seals are in good condition |  |  |  |  |  |  |  |  |
| 6 | Confirm a minimum of 3” of space is present between the rear of the case and wall for proper air circulation |  |  |  |  |  |  |  |  |
| 7 | Confirm rear raceway can be removed for access to digital T-stat and electrical components |  |  |  |  |  |  |  |  |
| 8 | Access panels are clearly labeled and can be removed |  |  |  |  |  |  |  |  |
| 9 | Before refrigeration connection - Depress the universal line valve to ensure that coils have maintained factory pressurization |  |  |  |  |  |  |  |  |
| 10 | Confirm protective shroud is in place at merchandiser refrigeration connection  |  |  |  |  |  |  |  |  |
| 11 | Refrigerant Suction Line – Confirm line is pitched in the direction of flow |  |  |  |  |  |  |  |  |
| 12 | Refrigerant Suction Line – Confirm merchandiser suction lines enter at the top of the branch line |  |  |  |  |  |  |  |  |
| 13 | Refrigerant liquid line – Confirm take-offs to merchandiser liquid lines exit the bottom of the branch liquid line |  |  |  |  |  |  |  |  |
| 14 | Refrigerant liquid line – Confirm an expansion loop for each evaporator take-off is present. Minimum 3in loop |  |  |  |  |  |  |  |  |
| 15 | Confirm refrigerant suction lines are insulated to prevent condensation drippage |  |  |  |  |  |  |  |  |
| 16 | Verify temperature control is by means of a T-STAT and Suction Stop Solenoid.  |  |  |  |  |  |  |  |  |
| 17 | Confirm defrost is set correctly |  |  |  |  |  |  |  |  |
| 18 | Confirm waste outlet is not obstructed. |  |  |  |  |  |  |  |  |
| 19 | Confirm P-Trap is installed to prevent air leakage and insect entrance into the fixture |  |  |  |  |  |  |  |  |
| 20 | Condensate piping is pitched in the direction of flow.  |  |  |  |  |  |  |  |  |
| 21 | Ensure condensate drain is supported to relieve any stress on pipe connectors and drain hub. |  |  |  |  |  |  |  |  |
| 22 | Confirm condensate drain support is within 24” from drain hub tee. |  |  |  |  |  |  |  |  |
| 23 | Confirm condensate drain is protected against freezing |  |  |  |  |  |  |  |  |
| 24 | Confirm condensate pump can be accessed through the front of the close off panel |  |  |  |  |  |  |  |  |
| 25 | Confirm air discharge and return opening are free of obstructions to provide proper refrigeration and air curtain performance |  |  |  |  |  |  |  |  |

# 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 Functional Testing.

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

##### END OF CHECKLIST