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

|  |  |
| --- | --- |
| PC: | **26 32 14** |
| **ITEM:** | **Generator Assemblies** |
| **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

# DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **GC** | **MC** | **EC** | **BC** | **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. |  |  |  |  |  |  |  |  |
| Sequence of Operations submitted |  |  |  |  |  |  |  |  |

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Installed | **Submitted** | **Specified** |
| Manufacturer |  |  |  |
| Model |  |  |  |
| Serial No. |  |  |  |
| Capacity |  |  |  |
| Generator voltage rating |  |  |  |
| Engine rating- HP |  |  |  |
| Generator rating- KVA |  |  |  |
| ATS voltage rating |  |  |  |
| ATS current rating |  |  |  |

# 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** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Verify mounting, location and clearances are per plans and specifications |  |  |  |  |  |  |  |
| 2 | Inspect for physical, electrical and mechanical condition of equipment and cabinet - no damage evident |  |  |  |  |  |  |  |
| 3 | Inspect panels and doors for proper fit and alignment |  |  |  |  |  |  |  |
| 4 | Verify the application of manufacturer recommended torque values applied to all electrical power terminations |  |  |  |  |  |  |  |
| 5 | Equipment is clean and clear of dust or dirt |  |  |  |  |  |  |  |
| 6 | Equipment labels permanently affixed |  |  |  |  |  |  |  |
| 7 | Verify remote monitoring / control panel installed per specification |  |  |  |  |  |  |  |
| 8 | Verify interconnection to other systems complete |  |  |  |  |  |  |  |
| 9 | Verify neutral low resistance grounding resistor installed and connecter per plans, specifications and manufacturer’s recommendations (for 5kV and above rated generators) |  |  |  |  |  |  |  |
| 10 | Verify fuel spill containment systems installed per plans and specifications |  |  |  |  |  |  |  |
| 11 | Verify gen set is anchored and grouted |  |  |  |  |  |  |  |
| 12 | Verify all fuel line connections |  |  |  |  |  |  |  |
| 13 | Verify generator starting system installed per plans, specifications and manufacturer’s instructions |  |  |  |  |  |  |  |
| 14 | Verify muffler / exhaust system is installed per plan, specifications and manufacturer’s instructions |  |  |  |  |  |  |  |
| 15 | Check diesel engine crankcase oil level |  |  |  |  |  |  |  |
| 16 | Check diesel engine coolant level |  |  |  |  |  |  |  |
| 17 | Check diesel engine drive belts |  |  |  |  |  |  |  |
| 18 | Check air filter |  |  |  |  |  |  |  |
| 19 | Check oil filter |  |  |  |  |  |  |  |
| 20 | Check battery |  |  |  |  |  |  |  |
| 21 | Check block heater (where applicable) |  |  |  |  |  |  |  |
| 22 | Verify intake and relief louvers provided per documents |  |  |  |  |  |  |  |

# 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 have been installed in accordance with the Contract Documents and are ready for Functional Testing.

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

##### END OF CHECKLIST