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

|  |  |
| --- | --- |
| PC: | **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

# 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 |  |  |  |  |  |  |  |  |
| O & M Manuals submitted |  |  |  |  |  |  |  |  |

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fixture Type | Installed  | **Submitted**  | **Specified**  |
| Manufacturer |  |  |  |  |
| Model | -------- |  |  |  |
| Lamp | -------- |  |  |  |
| Manufacturer |  |  |  |  |
| Model | -------- |  |  |  |
| Lamp | -------- |  |  |  |
| Manufacturer |  |  |  |  |
| Model | -------- |  |  |  |
| Lamp | -------- |  |  |  |
| Manufacturer |  |  |  |  |
| Model | -------- |  |  |  |
| Lamp | -------- |  |  |  |

# 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** | **BC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Correct Type of fixture installed. |  |  |  |  |  |  |  |  |
| 2 | Correct lamp(s) installed |  |  |  |  |  |  |  |  |
| 3 | Fixtures shall be installed plumb and be in vertical and horizontal alignment |  |  |  |  |  |  |  |  |
| 4 | Fixtures layout matches construction documents |  |  |  |  |  |  |  |  |
| 5 | Fixture mounting secure |  |  |  |  |  |  |  |  |
| 6 | All fixtures cleaned |  |  |  |  |  |  |  |  |
| 7 | Lens installed properly. |  |  |  |  |  |  |  |  |
| 8 | Correct temperature wire used. |  |  |  |  |  |  |  |  |
| 9 | Fixtures electrical circuits match construction documents |  |  |  |  |  |  |  |  |
| 10 | Power Pack and accessories are accessible for service or replacement (If applicable) |  |  |  |  |  |  |  |  |

# 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