

Prefunctional Checklist

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

PC:	02713-1
ITEM:	Water Distribution
ID:	
AREA SERVED:	

Form Filled Out By:

	Name & Company	Date
GC		
PC		
EC		
BC		
CC		
OR		
A/E		
CA		

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

1. DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

Item	GC	PC	EC	BC	CC	OR	A/E	CA
Product information submitted	XX		XX	XX	XX			
Shop/ As-built drawings submitted	XX		XX	XX	XX			
Manufacturer's installation instructions submitted	XX		XX	XX	XX			
O & M Manuals submitted	XX		XX	XX	XX			

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<insert project name and location>

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2. INSTALLATION VERIFICATIONS

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.

Item	GC	PC	EC	BC	CC	OR	A/E	CA
Water Distribution								
Domestic water piping installation completed	XX		XX	XX	XX			
Piping pressure testing completed	XX		XX	XX	XX			
Pressure test report submitted	XX		XX	XX	XX			
Piping sterilization and flushing completed	XX		XX	XX	XX			
Sterilization test report submitted	XX		XX	XX	XX			
Pipe labeled per specifications	XX		XX	XX	XX			
Backflow preventer installed, tested and certified	XX		XX	XX	XX			
Backflow preventer certification submitted	XX		XX	XX	XX			
Isolation valves installed per plans	XX		XX	XX	XX			
Valves tags installed per specifications	XX		XX	XX	XX			

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<insert project name and location>

3. 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.	

4. FIELD NOTES

Fill in as appropriate.

5. 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

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<insert project name and location>

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