

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:	02713-2
ITEM:	Water Metering
ID:	
AREA SERVED:	

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

1. DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

Item	GC	MC	EC	BC	CC	OR	A/E	CA
Product information submitted	XX		XX	XX	XX			
Shop drawings submitted	XX		XX	XX	XX			
Manufacturer's installation instructions submitted	XX		XX	XX	XX			
Manufacturer's startup instructions submitted	XX		XX	XX	XX			
O & M Manuals submitted	XX		XX	XX	XX			
Factory test report submitted	XX		XX	XX	XX			
Utility installation requirements submitted	XX		XX	XX	XX			

June 2006

<insert project name and location>

PRE-FUNCTIONAL CHECKLISTS – WATER METERING

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2. MODEL VERIFICATION

Fill in requested information.

	Installed	Submitted	Specified
Manufacturer			
Model			
Serial No.			
Meter accuracy			
Working Pressure			

3. 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.

Item	GC	MC	EC	BC	CC	OR	A/E	CA
General Installation								
Utility requirements met	XX		XX	XX	XX			
Label permanently affixed	XX		XX	XX	XX			
Meters in place and properly supported	XX		XX	XX	XX			
All connections tight	XX		XX	XX	XX			

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<insert project name and location>

4. 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.	

5. FIELD NOTES

Fill in as appropriate.

6. 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

June 2006

<insert project name and location>