

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: | 02722 |
| ITEM: | Sanitary Sewerage |
| 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 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 |
|--|----|----|----|----|----|----|-----|----|
| Sanitary Sewerage | | | | | | | | |
| Sanitary sewer piping installation completed | XX | | XX | XX | XX | | | |
| Piping pressure testing completed | XX | | XX | XX | XX | | | |
| Pressure test report submitted | XX | | XX | XX | XX | | | |
| Pipe labeled per specifications | XX | | XX | XX | XX | | | |
| Cleanouts installed per plans and accessible | XX | | XX | XX | XX | | | |
| Backwater valves installed per plans | XX | | XX | XX | XX | | | |

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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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