

## Functional Performance Test

<b>FT:</b>	<b>08361</b>
<b>ITEM:</b>	<b>Sectional Overhead Doors</b>
<b>ID:</b>	
<b>AREA SERVED:</b>	

**Form Filled Out By:**

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

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. TEST PREREQUISITES

The following items have been completed and the equipment is ready for Functional Testing  
 Check if OK. Enter note number if deficient.

Item	GC	PC	EC	BC	CC	OR	A/E	CA
Product documentation submitted		XX		XX	XX			
Related equipment Prefunctional Checklists completed		XX		XX	XX			

June 2006

<insert project name and location>



### 3. OUTSTANDING ITEMS

Note Outstanding items in table below. Use numbers referenced above.

<b>Resolved</b> (Initial / Date)	<b>Note</b>	<b>Description</b>
	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 Owner acceptance.

	<b>Signature</b>	<b>Date</b>
<b>Contractor's Representative</b>		
<b>A /E Representative</b>		
<b>Commissioning Agent</b>		
<b>Owner's Representative</b>		

**END OF TEST**

June 2006

<insert project name and location>

**FUNCTIONAL CHECKLIST – SECTIONAL OVERHEAD DOORS**

**FC 08361 - 3**