

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:	11026
ITEM:	Safes (Commissioning Agent shall customize this generic checklist for each piece of equipment included in the commissioning work scope)
ID:	
AREA SERVED:	

Form Filled Out By:

	Name & Company	Date
GC		
FS		
EC		
MC		
OR		
A/E		
CA		

GC = General Contractor; FS = Food Contractor; EC = Electrical Contractor; BC = Balancing Contractor; OR = Owner Representative; A/E = Architect/Engineer; CA = Commissioning Agent; MC = Mechanical Contractor
XX = No Initials Required

1. DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

Item	GC	FS	EC	MC	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 if applicable	XX		XX	XX	XX			
Manufacturer's representative start-up and check out complete and report submitted.	XX		XX	XX	XX			

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2. MODEL VERIFICATION

Fill in requested information.

	Installed	Submitted	Specified
Manufacturer			
Model			
Serial No.			

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	FS	EC	MC	CC	OR	A/E	CA
Route from Loading Dock to Safe location verified for opening widths	XX		XX	XX	XX			
Group 1R combination lock verified	XX		XX	XX	XX			
TL-30 rating verified	XX		XX	XX	XX			
Operational characteristics checked	XX		XX	XX	XX			
Instruction of operator completed	XX		XX	XX	XX			

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.	

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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

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