

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:	11101
ITEM:	Bakery Equipment (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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<insert project name and location>

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
General Installation								
Unit installed and appears in good condition	XX		XX	XX	XX			
Installed per manufacturer's instructions	XX		XX	XX	XX			
Unit interior/exterior cleaned	XX		XX	XX	XX			
Safety guards installed	XX		XX	XX	XX			
Sufficient clearance for operation and service	XX		XX	XX	XX			
Utilities (if applicable)								
Cold/Hot water piping connected	XX		XX		XX			
Steam piping connected	XX		XX		XX			
Fuel piping connected	XX		XX		XX			
Drain piping connected	XX		XX		XX			
Flue connected	XX		XX		XX			
Exhaust fans/ducts connected	XX		XX		XX			
Electrical (if applicable)								
Electrical connections to equipment completed	XX			XX	XX			
Power disconnects installed and properly labeled.	XX			XX	XX			
Motor protection and safeties installed	XX			XX	XX			
Proper grounding installed for components and unit	XX			XX	XX			
Final (if applicable)								
Startup report completed with this checklist attached	XX		XX	XX	XX			
Safeties installed and safe operating ranges for this equipment provided to the commissioning agent	XX		XX	XX	XX			
Equipment operates per manufacturer's specifications	XX		XX	XX	XX			
Equipment has been inspected and approved by health service agency with jurisdiction	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

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<insert project name and location>