|  |  |
| --- | --- |
| FT: | **08 71 00** |
| **ITEM:** | **Door Hardware** |
| **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

# 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 |  |  |  |  |  |  |  |  |
| Related equipment Prefunctional Checklists completed |  |  |  |  |  |  |  |  |

# FUNCTIONAL PERFORMANCE VERIFICATIONS

**Demonstrate operation of equipment per contract documents including the following:**

Check if OK. Enter Outstanding Item Note number if deficient.

| **No** | **Item** | **GC** | **PC** | **EC** | **BC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Door Hardware | | | | | | | | |
| 1 | Installed per drawings and specs. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2 | Trim provided per specs. |  |  |  |  |  |  |  |  |
| 3 | Hardware provided per specs. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 4 | Weather stripping provided per specs. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 5 | Door stop in place and operational |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 6 | Kick plate is securely fastened |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 7 | Key fits lock cylinder and operates smoothly |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 8 | Lever side of lock turns smoothly without binding |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 9 | Lock bolt properly fits mortised area and securely locks in place |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 10 | Padlock fits hasp or closer properly and locks securely |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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# 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.** |  |

# FIELD NOTES

Fill in as appropriate.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

# SIGN OFF

System / Equipment has been installed in accordance with the Contract Documents and is ready for Owner acceptance.

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **Contractor’s Representative** |  |  |
| **A /E Representative** |  |  |
| **Commissioning Agent** |  |  |
| **Owner’s Representative** |  |  |

## END OF TEST