|  |  |
| --- | --- |
| PC: | **26 12 19** |
| **ITEM:** | **Dry Type Transformers** |
| **ID:** | *(One form per transformer)* |
| **AREA SERVED:** | *(Building and Room Numbers)* |

Form Filled Out By:

|  |  |  |
| --- | --- | --- |
|  | Name & Company | Date |
| GC |  |  |
| MC |  |  |
| EC |  |  |
| BC |  |  |
| CC |  |  |
| OR |  |  |
| A/E |  |  |
| CA |  |  |

GC = General Contractor; MC = Mechanical Contractor; EC = Electrical Contractor; BC = Balancing Contractor; CC = Controls Contractor; OR = Owner Representative; A/E = Architect/Engineer; CA = Commissioning Agent

XX = No Initials Required

# DOCUMENTATION VERIFICATIONS

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **GC** | **MC** | **EC** | **CC** | **OR** | **A/E** | **CA** |
| Product information submitted |  |  |  |  |  |  |  |
| Shop drawings submitted |  |  |  |  |  |  |  |
| Manufacturer’s installation instructions submitted |  |  |  |  |  |  |  |
| Manufacturer’s startup instructions submitted |  |  |  |  |  |  |  |
| As-Built drawings submitted |  |  |  |  |  |  |  |
| O & M manuals submitted |  |  |  |  |  |  |  |

GC = General Contractor; MC = Mechanical Contractor; EC = Electrical Contractor; CC = Controls Contractor; OR = Owner Representative; A/E = Architect/Engineer (Including designer); CA = Commissioning Agent

XX = No Initials Required

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Installed  | **Submitted**  | **Specified**  |
| Manufacturer |  |  |  |
| Model |  |  |  |
| Phase Rating |  |  |  |
| Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_ KVA |  |  |  |
| Voltage Rating: \_\_\_\_\_\_\_\_\_\_ Volts |  |  |  |
| Bus Configuration |  |  |  |
| Service Area |  |  |  |

# INSTALLATION VERIFICATIONS

Check if OK. Enter note number if deficient.

| **No** | **Item** | **GC** | **MC** | **EC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Inspect for physical, electrical and mechanical condition of equipment and cabinet - no damage evident |  |  |  |  |  |  |  |
| 2 | Inspect panels and doors for proper fit and alignment |  |  |  |  |  |  |  |
| 3 | Equipment labels permanently affixed |  |  |  |  |  |  |  |
| 4 | Enclosure is clean and clear of dust or dirt |  |  |  |  |  |  |  |
| 5 | Transformer installed on pad |  |  |  |  |  |  |  |
| 6 | Transformer anchor bolts secured |  |  |  |  |  |  |  |
| 7 | Vibration isolators installed properly (if required) |  |  |  |  |  |  |  |
| 8 | Transformer clearances adequate. |  |  |  |  |  |  |  |
| 9 | Transformer ventilation openings clear |  |  |  |  |  |  |  |
| 10 | Room has adequate ventilation |  |  |  |  |  |  |  |
| 11 | Transformer grounded properly. |  |  |  |  |  |  |  |
| 12 | Megger test of bus – phase to phase and phase to ground. Test voltage per manufacturer’s recommendations |  |  |  |  |  |  |  |

# 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 have been installed in accordance with the Contract Documents and are ready for Functional Testing.

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

## END OF CHECKLIST