**This Prefunctional Checklist should be completed as part of startup and initial checkout of the equipment in preparation for Functional Performance testing.**

|  |  |
| --- | --- |
| PC: | **26 23 00** |
| **ITEM:** | **Switchboards** |
| **ID:** | *(Use one form for each Equipment)* |
| **AREA SERVED:** | *(Building and Room Number / Name)* |

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 VERIFICATION

Check if OK. Enter note number if deficient.

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

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Installed  | **Submitted**  | **Specified**  |
| Manufacturer |  |  |  |
| Model |  |  |  |
| Serial No. |  |  |  |

# 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.

| **No** | **Item** | **GC** | **MC** | **EC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Verify there is no physical damage to the switchboard |  |  |  |  |  |  |  |
| 2 | Verify the cabinet is clean of all foreign materials. |  |  |  |  |  |  |  |
| 3 | Verify the switchboard is accessible. Sufficient access and working space should be available around the cabinet. The working space should have adequate lighting and sufficient head room  |  |  |  |  |  |  |  |
| 4 | Verify the switchboard will not be exposed to ambient temperatures above 104 F degrees, corrosive, or explosive fumes, dust, vapors, dripping or standing water, abnormal vibration, mechanical shock, high humidity, or unusual operating conditions |  |  |  |  |  |  |  |
| 5 | Verify the switchboard cabinet is securely mounted. |  |  |  |  |  |  |  |
| 6 | breaker layout is correct |  |  |  |  |  |  |  |
| 7 | Conduits are installed so as to prevent moisture or water from entering and accumulating within the enclosure. |  |  |  |  |  |  |  |
| 8 | Provisions have been provided to protect conductors from abrasion |  |  |  |  |  |  |  |
| 9 | Conductors are long enough to reach the terminal location in a manner that avoids strain on the terminal. |  |  |  |  |  |  |  |
| 10 | Conductor length is not excessive? Excessive conductor length will result in additional heating and may result in overheating |  |  |  |  |  |  |  |
| 11 | Verify all terminal connections are secure |  |  |  |  |  |  |  |
| 12 | Make sure that the system is free from short circuits and ground faults; conduct an insulation resistance test phase to ground and phase to phase with the switches or circuit breakers in both the open and closed position. If the resistance reads less than 1 megohm while testing with the branch circuit devices in the open position, the system may be unsafe and should be investigated. |  |  |  |  |  |  |  |

# 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 Functional Testing.

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

##### END OF CHECKLIST