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

|  |  |
| --- | --- |
| PC: | **21 13 00** |
| **ITEM:** | **Fire Suppression** |
| **ID:** |  |
| **AREA SERVED:** |  |

Form Filled Out By:

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

GC = General Contractor; MC = Mechanical Contractor; EC = Electrical 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** | **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 |  |  |  |  |  |  |  |
| Test Reports submitted |  |  |  |  |  |  |  |

# INSTALLATION VERIFICATIONS

**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 | Fire protection water piping installation completed |  |  |  |  |  |  |  |
| 2 | Connection to water service main completed. |  |  |  |  |  |  |  |
| 3 | Backflow preventer installed, tested and certified. |  |  |  |  |  |  |  |
| 4 | Backflow preventer certification submitted. |  |  |  |  |  |  |  |
| 5 | Piping pressure testing completed. |  |  |  |  |  |  |  |
| 6 | Pressure test report submitted. |  |  |  |  |  |  |  |
| 7 | Piping system cleaned and flushed. |  |  |  |  |  |  |  |
| 8 | Certification of system flushing submitted. |  |  |  |  |  |  |  |
| 9 | Piping properly labeled per specs. |  |  |  |  |  |  |  |
| 10 | Valve tags provided per specs. |  |  |  |  |  |  |  |
| 11 | Pipe hangers and support spacing adequate. |  |  |  |  |  |  |  |
| 12 | Protection of piping against freezing provided (if required). |  |  |  |  |  |  |  |
| 13 | Sprinkler head types per specs. |  |  |  |  |  |  |  |
| 14 | Water flow indicators provided. |  |  |  |  |  |  |  |
| 15 | Access doors to operable concealed components provided. |  |  |  |  |  |  |  |
| 16 | Alarm facilities installed and operating per specs. |  |  |  |  |  |  |  |
| 17 | Electrical connections provided. |  |  |  |  |  |  |  |
| 18 | Pressure test report submitted. |  |  |  |  |  |  |  |
| 19 | Pump in place, grouted and aligned.  |  |  |  |  |  |  |  |
| 20 | Unit exterior cleaned. |  |  |  |  |  |  |  |
| 21 | Vibration isolation devices functional. |  |  |  |  |  |  |  |
| 22 | Bearings lubricated. |  |  |  |  |  |  |  |
| 23 | Instrumentation installed per specifications (thermometers, pressure gages, flow meters, etc.) |  |  |  |  |  |  |  |
| 24 | Piping connections to pump completed. |  |  |  |  |  |  |  |
| 25 | No leaks apparent around fittings. |  |  |  |  |  |  |  |
| 26 | Electrical connections to pump completed. |  |  |  |  |  |  |  |
| 27 | Motor protection and safeties installed. |  |  |  |  |  |  |  |
| 28 | Control system interlocks functional. |  |  |  |  |  |  |  |

# 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