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

|  |  |
| --- | --- |
| PC: | **23 09 16** |
| **ITEM:** | **RMCS - Power Meter** |
| **ID:** |  |
| **AREA SERVED:** |  |

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; RMCS = Refrigerant Management Control System 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** | **RMCS** | **OR** | **A/E** | **CA** |
| Product information submitted |  |  |  |  |  |  |  |
| Shop drawings submitted |  |  |  |  |  |  |  |
| Manufacturer’s installation instructions submitted |  |  |  |  |  |  |  |

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Specified | **Submitted**  | **Installed** |
| Brand | Veris Enercept  |  |  |
| Model Number | H8035-0300-2 |  |  |
| Max Amps | 300 |  |  |
| CT Size (small, medium, large) | Small |  |  |

# 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.

| **Checks** | **GC** | **MC** | **EC** | **RMCS** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Confirm electric power to enclosure is disconnected and locked out |  |  |  |  |  |  |  |
| Confirm the DIP switches are set for the desired unique address. *(Switches are located on the bottom of the CT’s)* |  |  |  |  |  |  |  |
| Confirm fuses are correct size and installed at voltage leads |  |  |  |  |  |  |  |
| Confirm the voltage leads are connected to the conductors at locations that are not normally turned off. Voltage leads should be connected on the line side of the conductor to ensure constant power to the meter |  |  |  |  |  |  |  |
| Confirm CT is securely fastened around the conductor and is not creating undue strain on the conductor |  |  |  |  |  |  |  |
| Confirm CT’s and voltage leads are color matched to each other. (*example - Clamp the red labeled CT around the power conductor connected to the red voltage wire)* |  |  |  |  |  |  |  |
| Confirm RS-485 wires and shield are securely terminated to the terminal blocks. |  |  |  |  |  |  |  |
| Confirm all wiring and shielding is insulated |  |  |  |  |  |  |  |
| After wiring, confirm all scraps of wire or foil shield is removed from the electrical panel. |  |  |  |  |  |  |  |
| Confirm RS-485 wires and shield polarity are correct at each terminal block |  |  |  |  |  |  |  |
| Confirm all Modbus devices are connected in a daisy-chain fashion and a 120Ω resistor is installed between (+) and (-) on the first and last devices in the chain) |  |  |  |  |  |  |  |
| Confirm the status LED is blinking a slow green to indicate normal operation. (*slow red = incorrect wiring or low power factor; fast red = max current exceeded)* |  |  |  |  |  |  |  |
| Confirm power readings by taking actual measurements and compare. *(kW= Volts X Amps X 1.732 X PF/1000, kW = Horsepowerx0.746)(Note: PF is usually 0.7 to 0.95, depending on the load)* |  |  |  |  |  |  |  |

# 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