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

|  |  |
| --- | --- |
| PC: | **23 31 13** |
| **ITEM:** | **Ducts** |
| **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; 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 |  |  |  |  |  |  |  |  |
| Factory test report submitted. |  |  |  |  |  |  |  |  |

# 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.

|  | **Item** | **GC** | **MC** | **EC** | **BC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NO | General Installation | | | | | | | | |
| 1 | Ductwork is constructed as stated in SMACNA HVAC duct construction standards. |  |  |  |  |  |  |  |  |
| 2 | During construction open ductwork has been closed using closures of metal or taped polyethylene to prevent construction dust from entering ductwork system. |  |  |  |  |  |  |  |  |
| 3 | Ductwork has been properly stored and cleaned. |  |  |  |  |  |  |  |  |
| 4 | Ductwork layout is installed as shown on latest issued construction documents |  |  |  |  |  |  |  |  |
| 5 | Duct has been installed with sufficient space around equipment to allow for normal operating and maintenance activities. |  |  |  |  |  |  |  |  |
| 6 | Diffusers are connected to ducts with 5 feet maximum length of flexible duct held in place with strap or clamp. |  |  |  |  |  |  |  |  |
| 7 | Duct is supported by using double nuts and lock washers on threaded rod supports. |  |  |  |  |  |  |  |  |
| 8 | Ductwork is properly insulated as specified and/or as shown on latest issued construction documents |  |  |  |  |  |  |  |  |
| 9 | Ductwork sealed as stated in construction documents & SMACNA HVAC duct construction standards |  |  |  |  |  |  |  |  |
| 10 | Duct insulation is dry and in overall good condition. |  |  |  |  |  |  |  |  |

# 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