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

|  |  |
| --- | --- |
| PC: | **23 52 00** |
| **ITEM:** | **Heating Boiler** |
| **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** |
| Manufacturer |  |  |  |
| Model Number |  |  |  |
| Mark No |  |  |  |
| Input Capacity BTU/HR |  |  |  |
| Output Capacity BTU/HR |  |  |  |

# 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** | **Checks** | **GC** | **MC** | **EC** | **RMCS** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Verify there is no damage present. No dents, dings or scratches. |  |  |  |  |  |  |  |
| 2 | Boiler is securely anchored to the foundation as recommended by the manufacturer |  |  |  |  |  |  |  |
| 3 | Minimum Clearance requirements are present.  |  |  |  |  |  |  |  |
| 4 | All Piping connections are tight and the pipes are adequately supported |  |  |  |  |  |  |  |
| 5 | Confirm that the boiler has a dedicated supply of main power and a dedicated breaker installed on the power-supply line |  |  |  |  |  |  |  |
| 6 | Confirm the wire gauge of the power supply lines is as required. |  |  |  |  |  |  |  |
| 7 | Confirm that a grounding wire is connected to the ground terminal located inside the boiler's control box |  |  |  |  |  |  |  |
| 8 | Boiler flue is installed per manufactures recommendations and local code requirements |  |  |  |  |  |  |  |
| 9 | Confirm blowdown piping and discharge piping is secured in place. |  |  |  |  |  |  |  |
| 10 | Verify a dirt pocket is installed on the Main gas inlet piping immediately up stream of the boiler |  |  |  |  |  |  |  |
| 11 | Verify all water piping has been flushed and cleaned before the boiler is fired. |  |  |  |  |  |  |  |
| 12 | Gas Train is connected and safeties are wired and tested |  |  |  |  |  |  |  |
| 13 | Gas regulators are in place and have proper spring range for supplied gas pressure |  |  |  |  |  |  |  |
| 14 | Gas pressure has been set per boiler manufacturer recommendations |  |  |  |  |  |  |  |
| 15 | Relief Valve is installed and meets boiler and local code requirements |  |  |  |  |  |  |  |
| 16 | Gas Piping has been leak checked and confirm there are no leaks |  |  |  |  |  |  |  |
| 17 | Inlet and outlet piping is connected for proper flow through boiler |  |  |  |  |  |  |  |
| 18 | Isolation valves are installed are accessible and operate freely |  |  |  |  |  |  |  |
| 19 | Boiler Circulating pump is installed per manufactures recommendations |  |  |  |  |  |  |  |
| 20 | Operating and safety controls are installed. Operation has been verified and controls are set for proper operation |  |  |  |  |  |  |  |
| 21 | BAS interface is complete Point to Point check out is complete and sequence of operation has been implemented |  |  |  |  |  |  |  |
| 22 | All OEM instructions for installation, cleaning, and checkout have been completed |  |  |  |  |  |  |  |

# 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.

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|  |

# SIGN OFF

System / Equipment have 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