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

|  |  |
| --- | --- |
| PC: | **26 16 00** |
| **ITEM:** | **Electric Metering** |
| **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 |  |  |  |  |  |  |  |  |

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Installed  | **Submitted**  | **Specified**  |
| Manufacturer |  |  |  |
| Model |  |  |  |
| Serial No. |  |  |  |
| Housing Rating |  |  |  |
| Short Circuit Rating |  |  |  |
| Main Disconnect Device |  |  |  |
| KWH - Meter type |  |  |  |
| KWH - Demand type |  |  |  |
| Meter accuracy |  |  |  |
| CT Cabinet type |  |  |  |

# 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** | **BC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Installation** |
| 1 | Label permanently affixed |  |  |  |  |  |  |  |  |
| 2 | Meters in place and properly supported |  |  |  |  |  |  |  |  |
| 3 | Confirm CT is securely fastened around the conductor and is not creating undue strain on the conductor |  |  |  |  |  |  |  |  |
| 4 | 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)* |  |  |  |  |  |  |  |  |
| 5 | After wiring, confirm all scraps of wire or foil shield is removed from the electrical panel. |  |  |  |  |  |  |  |  |
| 6 | All electric connections tight |  |  |  |  |  |  |  |  |
| 7 | Proper grounding installed for components and unit |  |  |  |  |  |  |  |  |
| 8 | Meter connections to RMCS system complete |  |  |  |  |  |  |  |  |

# 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 have been installed in accordance with the Contract Documents and are ready for Functional Testing.

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

##### END OF CHECKLIST