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

|  |  |
| --- | --- |
| PC: | **26 33 43** |
| **ITEM:** | **Battery Chargers**  |
| **ID:** |  |
| **AREA SERVED:** |  |

Form Filled Out By:

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

GC = General Contractor; FS = Food Contractor; EC = Electrical Contractor; BC = Balancing Contractor; OR = Owner Representative; A/E = Architect/Engineer; CA = Commissioning Agent; MC = Mechanical Contractor

XX = No Initials Required

# DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **GC** | **FS** | **EC** | **MC** | **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 if applicable |  |  |  |  |  |  |  |  |
| Manufacturer’s representative start-up and check out complete and report submitted. |  |  |  |  |  |  |  |  |

# MODEL VERIFICATION

Fill in requested information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Installed  | **Submitted**  | **Specified**  |
| Manufacturer |  |  |  |
| Model |  |  |  |
| DC Output Voltage Rating |  |  |  |
| DC Output Current Rating |  |  |  |
| DC Circuit Breaker Rating |  |  |  |

# 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** | **FS** | **EC** | **MC** | **CC** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Verify there is no visible damage to the exterior or interior components |  |  |  |  |  |  |  |  |
| 2 | Verify all wiring terminations are secure |  |  |  |  |  |  |  |  |
| 3 | Review routing of AC input and DC output wiring to the charger. Ensure that planned conduit is accessible when batteries are installed  |  |  |  |  |  |  |  |  |
| 4 | Verify environment is within the temperature and humidity range as recommended by the manufacturer. |  |  |  |  |  |  |  |  |
| 5 | Confirm at least 6 inches of space is available at all vented surfaces for cooling |  |  |  |  |  |  |  |  |
| 6 | Confirm there is sufficient clearance (36 inches) to open the front panel for servicing, operations, and maintenance |  |  |  |  |  |  |  |  |
| 7 | Verify the AC voltage is within a voltage tolerance of +/- 10% of design value |  |  |  |  |  |  |  |  |
| 8 | Verify unit is properly grounded |  |  |  |  |  |  |  |  |
| 9 | Confirm a branch circuit breaker or fused disconnect switch is installed upstream of charger. This device should have lockout capability so that the AC input supply to the charger can be de-energized for maintenance and service  |  |  |  |  |  |  |  |  |
| 10 | Verify the DC wiring is sized to minimize the voltage drop. The voltage drop should not exceed 1% of the nominal output voltage at full current |  |  |  |  |  |  |  |  |
| 11 | Verify the correct polarity connects at the batteries. |  |  |  |  |  |  |  |  |

# 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