



Domestic Water Heat Exchangers Pre-Functional Checklist

Equipment ID	[Equipment ID]
Building	[Building]
Location	[Room]

Statement of Readiness

The above equipment and/or systems integral to them are complete and ready for functional testing, except as noted. None of the outstanding items preclude safe and reliable functional tests being performed. This checklist does not take the place of the manufacturer's recommended checkout and startup procedures or report.

Responsible Contractor Sign Here

CONTRACTOR	PRINTED NAME	SIGNATURE	DATE
General Contractor (GC)			
Mechanical Contractor (MC)			
Electrical Contractor (EC)			
TAB Contractor (TAB)			
Controls Contractor (CC)			

This statement of readiness has been received by the Commissioning Agent on _____ and will be incorporated as part of the final commissioning report.

Equipment Information

Make		Model Number			
Serial Number		Function		Service Area	
GPM Fluid 1			GPM Fluid 2		
MBH Fluid 1			MBH Fluid 2		
Temp In/Out Fluid 1			Temp In/Out Fluid 2		

Notes:

System Readiness Checklist

Yes = Checked and Completed, N/A = Not Applicable

General Installation					
Description	Yes	N/A	Initials	Date	Comments
General appearance good, no apparent damage	<input type="checkbox"/>	<input type="checkbox"/>			
Installation is per manufacturers instructions	<input type="checkbox"/>	<input type="checkbox"/>			
Verified that valves for equipment isolation have been provided per the drawings and specs	<input type="checkbox"/>	<input type="checkbox"/>			
Record drawings updated to reflect the actual installation	<input type="checkbox"/>	<input type="checkbox"/>			
Piping, fittings, valves and equipment properly supported and seismically anchored per the details	<input type="checkbox"/>	<input type="checkbox"/>			
Equipment label permanently affixed	<input type="checkbox"/>	<input type="checkbox"/>			
Pipes are supported independently of the heat exchanger	<input type="checkbox"/>	<input type="checkbox"/>			
Provisions in place for expansion compensation	<input type="checkbox"/>	<input type="checkbox"/>			
Piping, fittings and valves insulated per specification	<input type="checkbox"/>	<input type="checkbox"/>			
In-line equipment insulated per specification	<input type="checkbox"/>	<input type="checkbox"/>			
In-line equipment labeled per specification with flows indicated in the correct direction	<input type="checkbox"/>	<input type="checkbox"/>			
Heat Exchanger pressure tested per manufacturers recommendations	<input type="checkbox"/>	<input type="checkbox"/>			
Heat Exchanger properly flushed and cleaned per manufacturers recommendations (report attached)	<input type="checkbox"/>	<input type="checkbox"/>			
Heat exchanger detail checked against the drawings and all devices gages and appurtenances are in place	<input type="checkbox"/>	<input type="checkbox"/>			
Strainers and low-point drains opened and verified to be clean	<input type="checkbox"/>	<input type="checkbox"/>			
Construction strainers removed	<input type="checkbox"/>	<input type="checkbox"/>			
Test plugs (P/T) installed near all control sensors and as per spec	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical treatment system or plan installed	<input type="checkbox"/>	<input type="checkbox"/>			
No leaking apparent	<input type="checkbox"/>	<input type="checkbox"/>			
Air vents and bleeds at high points of systems functional	<input type="checkbox"/>	<input type="checkbox"/>			
Isolation valves and balancing valves installed	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					

Valves					
Description	Yes	N/A	Initials	Date	Comments



Valves					
Description	Yes	N/A	Initials	Date	Comments
Isolation valves provided at all branches and main takeoffs to facilitate isolation (as required by contract)	<input type="checkbox"/>	<input type="checkbox"/>			
Valve installation per manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>			
Valve manufacturer labels permanently affixed	<input type="checkbox"/>	<input type="checkbox"/>			
Manual isolation valves checked for proper seal and operation	<input type="checkbox"/>	<input type="checkbox"/>			
Valves installed in proper direction	<input type="checkbox"/>	<input type="checkbox"/>			
Valves stroke fully and easily and spanning is calibrated (see calibration section below)	<input type="checkbox"/>	<input type="checkbox"/>			
Valves that require a positive shut-off are verified to not be leaking when closed at normal operating pressure	<input type="checkbox"/>	<input type="checkbox"/>			
No leaking apparent	<input type="checkbox"/>	<input type="checkbox"/>			
Valves tagged and valve schedule submitted and displayed as required	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate maintenance clearance in provided and valve is accessible	<input type="checkbox"/>	<input type="checkbox"/>			
Unions installed to allow for easy removal of control valves	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					

TAB					
Description	Yes	N/A	Initials	Date	Comments
Installation of system and balancing devices is completed following NEBB or AABC procedures and contract documents	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					

Additional Comments: