

PROJECT: R.069549.001	Edmonton Maximum Security Institution Pumphouse - Flowmeter and Diesel Storage Tank Replacement	Form: 2	No.:
		1 of 2	
COMMISSIONING FORM			

FLOWMETER

IDENTIFICATION	Equipment Tag:	Serial Number:
	Location:	
	Model Number:	Contractor:
	Type:	Manufacturer:
	System Description:	

<input type="checkbox"/> Manufacturer reports	<input type="checkbox"/> Performance included	<input type="checkbox"/> Manuals included
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INSTALLATION CHECK LIST			
ITEM	YES	NO	COMMENTS
General Installation and Wiring			
Calibration			

*Attach the contractor installation check list.

FUNCTIONAL TESTING RECORD

FUNCTION / MODE	TEST METHOD: MANUAL, AUTOMATIC, EITHER OR BOTH	REQUIRED SEASONAL TEST Y OR N
Measure water flow and compare with reading (min. flow to max. flow, 1 pump to 3 pumps). Piping of test flow to ground from pump house.		
Integration with the pump control system and testing of sequences with varying flow.		
Sequence of Operation: .1 The meter is provided by Division 23. Connect signal to the control system. Program a point indicating the actual flow. Create a table of hourly, daily, min/max daily, and monthly consumptions for the last 12 months. Record all daily and monthly values in a historical point. .2 Under normal conditions, pump #1 or pump #2 will be the leading pump. The pump lead will be changed weekly on Sunday morning at 4:00 AM. If the lead pump fails, the other pump will start and pump #3 shall be the next pump in sequence. .3 When the system flow exceeds the capacity of lead pump (120 USGPM), the second pump will be started and will run until the flow is below 100 USGPM, at which point only the lead pump will be running. Pump #3 will be started when flow exceeds 240 USGPM and stopped when flow is below 200 USGPM. Future pump #4 will be started when flow exceeds 740 USGPM and stopped when flow is below 700 USGPM. .4 Existing low level switch (LSL102) will shut-off all pumps.		

Name of Technician:	Date :
Approved by: (Commissioning Authority)	Date :

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MEMORANDUM (Deficiencies, repair work, sound, and maintenance)	STATUS
	<input type="checkbox"/> Compliance
	<input type="checkbox"/> Requires Additional Checking
	<input type="checkbox"/> To be Completed
	<input type="checkbox"/> Out of Service
	<input type="checkbox"/> Non Compliance

Name of Technician:	Date :
Approved by: (Commissioning Authority)	Date :