

LIST OF INDIVIDUAL SYSTEM PERFORMANCE VERIFICATION FORMS

Table of contents

1.1	PRODUCT INFORMATION (PI) / FICHE RENSEIGNEMENT DE PRODUIT (RP)	1
1.2	Pump	2
1.3	Supply, evacuation or transfert fan	3
1.4	Variable frequency drive	4
1.5	Starter	5
1.6	Plate Heat Exchanger	7
1.7	Humidifier	8
1.8	Glycol feed pump	9
1.9	Heating, cooling or heat recovery coil.....	10
1.10	Pipe tests	11
1.11	Terminal units.....	12
1.12	Motorized dampers	13
1.13	Trap primer.....	14
1.14	Expansion tank.....	15
1.15	Compressor	16
1.16	Chiller	17
1.17	Thermostatique mixing valve.....	18
1.18	Heat pump	19
1.19	Expansion tank.....	20
1.20	Wet pipe sprinklers systems.....	21
1.21	Dry pipes sprinklers systems.....	22
1.22	Electrical Fire Pump	23
1.23	Domestic water pump	25

1.24	Sum Pump	26
1.25	Domestic water pipes	27
1.26	Vent pipe (Plastic)	28
1.27	Domestic water heater	29
1.28	Back flow preventer	30
1.29	Oil piping	34
1.30	Natural gas piping	35
1.31	Generator	36
1.32	Lighting control system (DALI)	41
1.33	Fire alarm system	42
1.34	Electrical requirements (general)	43
1.35	Transformer	44
1.36	Distribution panel	47
1.37	Distribution panel (lighting / receptacles)	50
1.38	Motor Control Center	54
1.39	Switchboard	56
1.40	Boiler	58
1.41	Cooling Tower	59

1.1 PRODUCT INFORMATION (PI) / FICHE RENSEIGNEMENT DE PRODUIT (RP)

Projet/Project

Nom : Name :	
Bâtiment : Building :	
Numéro de Projet : Project number :	

Identification

Équipement : Equipment :			
Description sommaire : Summary :			
Identification aux plans : No. On Drgs :		Identification SGE : MSS Identifier :	
Équipement relié au système : Equipment linked to system :			

Renseignement

Fabriquant : Man'fr :			
Modèle : Model :			
No serie Serial no :			
Capacité : Capacity :		Taille : Size :	
Efficacité : Efficiency :			
Tension : Voltage :	Volt ./ #Ø / Fréquence		
Courant : Current :	FLA/LRA		
Autres : Other :			

Achat

Fournisseur : Contractor :	Nom/adresse Name/address
Distributeur : Distributor :	Nom/adresse Name/address
Garantie : Guarantee :	
Date d'achat : Purchase date :	
Garantie spécifique : Specific guarantee :	
Date de démarrage : Date of start-up :	
Remplacé le : Replaced :	

Technicien : : Technician	Date :
Approuvé par : Witnessed by :	Date :

1.2 Pump

N° on plan :	Network :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Pressure head :	Flow :	Pump efficiency :
Motor (power) :	Electricity : ____ V/ ____ Φ/ ____ Hz	Rotation frequency: ____ RPM
Service factor :	Motor efficiency :	<input type="checkbox"/> Constant / <input type="checkbox"/> Variable

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Network balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Control sequence completed		<input type="checkbox"/> Network cleaned and clean filter	
Comments:			

Measured element	Instrument (Portable / BAS / Local)	Required	Measured 1	Measured 2
Pressure at zero flow (kPa- PSI)				
Flow (l/s - gpm)				
Operating pressure (kPa- PSI) (input/output)				
Differential pressure (kPa- PSI)				
RPM – Pump				
Voltage (if three-phase T ₁ , T ₂ , T ₃)				
Amperage (I ₁ /I ₂ /I ₃)				
O/L protection – Adjustment				
Comments				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.3 Supply, evacuation or transfert fan

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Static pressure:	Flow :	Rotation frequency: _____ RPM
Motor (power) :	Electricity : _____ V/ _____ Φ/ _____ Hz	<input type="checkbox"/> Constant / <input type="checkbox"/> Variable
Service factor :	Motor efficiency :	Filter type :
Paired damper : <input type="checkbox"/> Motorised / <input type="checkbox"/> Gravity / <input type="checkbox"/> None		<input type="checkbox"/> Damper spec sheet attached (if applicable)

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Network balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Sequence completed	<input type="checkbox"/> Interlocks	State of filters at test :	
Comments :			

Measured element	Instrument (Portable / BAS / Local)	Required	Measured 1	Measured 2
Air flow (l/s – gpm)				
Operating pressure setpoint (Pa - "H ₂ O)				
Differential pressure (Pa - "H ₂ O)				
Pressure loss at filter (Pa - "H ₂ O)				
Voltage (if three-phase T ₁ , T ₂ , T ₃)				
Amperage (I ₁ /I ₂ /I ₃)				
O/L protection – Adjustment				
Comments				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.4 Variable frequency drive

Drive N° :	System :	Location :
Manufacturer :	Model :	Serial No :
Motor or associated equipment N° :		

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Network balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Associated motor performance verified (attached)		<input type="checkbox"/> Control sequence completed	
<input type="checkbox"/> Adequate full load amperage (FLA)			
Comments:			

Measurements at various speeds							
Percentage of full speed (%) as indicated on control panel	min	30	50	65	80	100	100 bypass
Motor and associated equipment properties (measurement instrument: Portable / BAS / Local)							
Flow (l/s – ft³/min)	Required						
	Measured 1						
	Measured 2						
Static pressure (Pa - "H2O)	Prescrit						
	Measured 1						
	Measured 2						
Speed (Hz)	Measured						
Current (A)	Phase I ₁ Phase I ₂ Phase I ₃						
Voltage (V)	T ₁ -T ₂ T ₂ - T ₃ T ₃ -T ₁						
Acceleration from 0 to X% (sec)							
Comments :							
Is test conclusive or not, add description							

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.5 Starter

IDENTIFICATION	Identification:		Drawing Number:	
	Brand:		Location:	
	Catalogue Number:		Motor Reference:	
	Type: <input type="checkbox"/> Manual <input type="checkbox"/> Full Voltage <input type="checkbox"/> Wye-Delta <input type="checkbox"/> Autotransformer <input type="checkbox"/> Other:			
	Action: <input type="checkbox"/> 1 way <input type="checkbox"/> 2ways		Mounting: <input type="checkbox"/> Separated <input type="checkbox"/> In a MCC:	
	NEMA Rating:		NEMA Housing:	
	Voltage:		Phase/Poles: /	Voltage:
	Switch: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fuse Type:	Dimensions:
	Moulded Breaker: Case <input type="checkbox"/> Yes <input type="checkbox"/> No		Type :	Trip:
	Overload Relay: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type :	Adjustment:

MEMORANDUM (Deficiencies, repair work, sound, 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 :

INSPECTION AND TEST	Description	Yes	No	N/A	Comments/Observations
	Clear labelling:				
	Adequate clearance for disconnect:				
	Functional LED lights:				
	Functional Start/Stop push buttons:				
	Functional relays:				
	Functional overload:				
	Reset push button:				
	Functional overheat relay:				
	Correct control sequence:				
	Functional security interlock:				

MEASURE	Measure		Comments/Observations
	V _{A-B} :	V _{A-B} :	V _{A-B} :
	V _{B-C} :	V _{B-C} :	V _{B-C} :
	V _{C-A} :	V _{C-A} :	V _{C-A} :

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

1.6 Plate Heat Exchanger

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Hot side : Entering T : _____	Cold side : Entering T : _____	Pressure loss (hot) :
Hot side : Leaving T : _____	Cold side: Leaving T : _____	Pressure loss (cold) :
Hot flow :	Cold flow :	Heat exchanged :
Hot fluid :	Cold fluid :	Initial efficiency :

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Network balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Control sequence completed		<input type="checkbox"/> Networks cleaned and clean filter	
Comments:			

Measured element	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Hot side :				
Flow (l/s – GPM)				
Fluid				
Entering temperature (°C - °F)				
Leaving temperature (°C - °F)				
Temperature differential (°C - °F)				
Pressure loss (kPa - PSI)				
Heat exchanged (kW – BTU/h)				
Cold side :				
Flow (l/s – GPM)				
Fluid				
Entering temperature (°C - °F)				
Leaving temperature (°C - °F)				
Temperature différentiel (°C - °F)				
Pressure loss (kPa - PSI)				
Heat exchanged (kW – BTU/h)				
Comments :				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.7 Humidifier

Humidifier N° :	System :	Location :
Manufacturer :	Model :	Serial No:

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Networks balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Sequence completed	<input type="checkbox"/> Pan connected to drain		<input type="checkbox"/> Watertight pan
Comments:			

Measured element	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Steam flow (lbs/hour)				
Pressure (kPa – PSI)				
Air flow (l/s – ft³/min)				
Dry bulb temperature – initial (°C - °F)				
Wet bulb temperature – initial (°C - °F)				
Humidity – initial %				
Dry bulb temperature – final (°C - °F)				
Wet bulb temperature – final (°C - °F)				
Humidity – final %				
Comments :				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.8 Glycol feed pump

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Tank :	Pump : _____ kPa	Pump : _____ L/s
Pump : _____	Pump : _____ kPa	Pump : _____ L/s
	Pump : _____ HP	Pump : _____ V/ _____ Φ/ _____ Hz

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Functional panel
<input type="checkbox"/> Networks cleaned	<input type="checkbox"/> Full glycol tank	<input type="checkbox"/> Factory tested
<input type="checkbox"/> Networks balanced		
Comments:		

Measured element	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Network pressure (from balancing) (kPa – PSI)				
Pump amperage (if three-phase I ₁ / I ₂ / I ₃)				
Pump voltage (if three-phase T ₁ , T ₂ , T ₃)				
Pump speed (RPM)				
Safety valve pressure adjustment (kPa)				
Pressure interruptor pressure adjustment (kPa)				
Comments:				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.9 Heating, cooling or heat recovery coil

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
<input type="checkbox"/> Glycol / <input type="checkbox"/> Électrical	Liquid flow:	Liquid pressure:
Air speed	Air flow:	Air pressure:
Heat transferred	Actuator :	

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Network balanced
Control valve	<input type="checkbox"/> Sequence completed	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Yes (attached spec) / <input type="checkbox"/> No	<input type="checkbox"/> Network cleaned and clean filter	
Comments:		

Measured element	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Air side :				
Flow (l/s – GPM)				
Entering temperature (°C - °F)				
Leaving temperature (°C - °F)				
Differential temperature (°C - °F)				
Pressure loss (Pa - "H ₂ O)				
Air speed (m/s – ft/s)				
Transferred heat (kW – BTU/h)				
Fluid side :				
Flow (l/s – GPM)				
Entering temperature (°C - °F)				
Leaving temperature (°C - °F)				
Differential temperature (°C - °F)				
Pressure loss (Pa - "H ₂ O)				
Transferred heat (kW – BTU/h)				
Comments :				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.10 Pipe tests

Service :	Location :	Fluid
Specifications		

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	
Comments:		

Measured element	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Initial pressure (kPa – PSI)				
Pressure after 30 minutes (kPa – PSI)				
- Pressure upon reinstatement of initial pressure (kPa – PSI)				
Pressure after 1 heure (kPa – PSI)				
- Pressure upon reinstatement of initial pressure (kPa – PSI)				
Pressure stabilized at _____ (kPa – PSI)				
- Start time				
- End time				
- Length, hours/minutes				
Comments :				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.11 Terminal units

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Air speed :	Air flow :	Air pressure :
Actuator :	Air pressure loss :	

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Networks balanced
<input type="checkbox"/> Sequence completed	<input type="checkbox"/> Connected to BAS	
Comments:		

Measured element	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Maximum air flow (l/s - pi³/min)				
Pressure loss in air at max flow (Pa - "H₂O)				
Minimum air flow (l/s - ft³/min) (if applicable)				
Pressure loss in air at max flow (Pa - "H₂O) (if applicable)				
Comments				
Is test conclusive or not, add description				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.12 Motorized dampers

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Duct dimensions :		Type : <input type="checkbox"/> Électric / <input type="checkbox"/> Pneumatic
Blades : <input type="checkbox"/> parallel / <input type="checkbox"/> opposed	Return spring : <input type="checkbox"/> yes / <input type="checkbox"/> no	Action : <input type="checkbox"/> Modulating / <input type="checkbox"/> 2 position

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Network balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Control sequence completed			
Comments:			

Property	Observation type / tool	Required	Measured
100% open position at BAS			
100% shut position at BAS			
Tightness at 100% shut			
Comments			
Is test conclusive or not, add description			

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.13 Trap primer

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Diameter	Cv	Pressure loss
Actuator :		

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Networks balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Sequence completed			
Comments:			

Measured element	Required	Measured 1	Measured 2
Trap primer operation check for each drain fed			
- Via BAS			
- Via primer (style PPP)			
Comments			
Is test conclusive or not, add description			

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
T&E				
Witness (General contractor)		V		
Commissioning agent				

1.14 Expansion tank

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Capacity : _____ (litres – Gallons)	Pressure :	

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete
<input type="checkbox"/> Networks cleaned	<input type="checkbox"/> Factory tested
Comments:	

Measured element	Required	Measured 1	Measured 2
Air side pressure before filling (kPa – PSI)			
Water side operating pressure (kPa – PSI)			
Comments			
Is test conclusive or not, add description			

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.15 Compressor

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Motor (power) :	Électricité : ____ V/____ Φ/____ Hz	

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Connected to BAS	<input type="checkbox"/> Sequence completed
Comments:			

Measured element	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Motor amperage (T ₁ /T ₂ /T ₃)				
Motor voltage (T ₁ -T ₂ /T ₂ - T ₃ /T ₃ -T ₁)				
Upstream pressure				
Downstream pressure				
Oil temperature				
Oil pressure				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.16 Chiller

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Capacity :	Type :	COP

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Networks balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Sequence completed	<input type="checkbox"/>	<input type="checkbox"/> Initial settings noted	
Comments:			

Measured element	Required	Measured 1	Measured 2
Cold side : (fluid : _____)			
- Flow, l/s			
- Entering temperature, °C			
- Leaving temperature, °C			
- Pressure loss, kPa			
- Heat transferred, kW			
Condensor side (fluid : _____) :			
- Flow, l/s			
- Entering temperature, °C			
- Leaving temperature, °C			
- Pressure loss, kPa			
- Heat transferred, kW			
Compressor motor amperage (T ₁ /T ₂ /T ₃)			
Compressor motor voltage (T ₁ -T ₂ /T ₂ - T ₃ /T ₃ -T ₁)			
COP			
Vibrations and acoustics			
Interlocking			
Comments			

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.17 Thermostatique mixing valve

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Diameter	Cv	Pressure loss
Actuator :		

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Networks balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Sequence completed			
Comments:			

Measured element	Required	Measured 1	Measured 2
Entering cold water temperature, °C			
Entering hot water temperature, °C			
Minimum water flow (for eyewash), ℓ/s			
• Water temperature leaving mixing valve at minimum flow, °C			
Maximum water flow (for emergency shower), ℓ/s			
• Water temperature leaving mixing valve at maximum flow, °C			
Verification of operation in abnormal conditions :			
• Loss of cold water supply			
• Loss of hot water supply			
• Thermostat failure			

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.18 Heat pump

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Capacity :	Type :	Refrigerant

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete	<input type="checkbox"/> Networks balanced	<input type="checkbox"/> Connected to BAS
<input type="checkbox"/> Sequence completed	<input type="checkbox"/> Factory tested	<input type="checkbox"/> Initial settings noted	
Comments:			

Measured element	Required	Measured 1	Measured 2
Source side : (fluid : ammonia)			
- Flow, l/s			
- Entering temperature, °C			
- Leaving temperature, °C			
- Pressure loss, kPa			
- Transferred heat, kW			
Load side (fluide: water) :			
- Flow, l/s			
- Entering temperature, °C			
- Leaving temperature, °C			
- Pressure loss, kPa			
- Transferred heat, kW			
Compressor motor amperage (T ₁ /T ₂ /T ₃)			
Compressor motor voltage (T ₁ -T ₂ /T ₂ - T ₃ /T ₃ -T ₁)			
Vibrations and acoustics			
Interlocking			
Comments			

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.19 Expansion tank

N° on plan :	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Capacity : _____	Pressure :	

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation complete
<input type="checkbox"/> Networks cleaned	<input type="checkbox"/> Factory tested
Comments:	

Measured element	Required	Measured 1	Measured 2
Initial pressure at filling, kPa			
Maximum operating pressure, kPa			

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.20 Wet pipe sprinklers systems

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

REPORTS	INCLUDED	N/A	COMMENTS
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Commissioning Control Check	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	
Glycol and Ethanol Concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Level	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with Standards/Codes	<input type="checkbox"/>	<input type="checkbox"/>	

MAINTENANCE REQUEST

MEMORANDUM (Deficiencies, repair work, sound, maintenance)	STATUS
Perform the tests according to NFPA 13	<input type="checkbox"/> Compliance
Training hours :2h	<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 :

1.21 Dry pipes sprinklers systems

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

REPORTS	INCLUDED	N/A	COMMENTS
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Commissioning Control Check	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	
Glycol and Ethanol Concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Level	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with Standards/Codes	<input type="checkbox"/>	<input type="checkbox"/>	

MAINTENANCE REQUEST

MEMORANDUM (Deficiencies, repair work, sound, maintenance)	STATUS
Perform the tests according to NFPA 13	<input type="checkbox"/> Compliance
Training hours :2h	<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 :

1.22 Electrical Fire Pump

IDENTIFICATION	Equipment Tag:	Serial Number:
	Type:	Location:
	Make:	Contractor:
	Model Number:	Manufacturer:
	Dimensions:	
	System:	
	Sector:	
	Controls: <input type="checkbox"/> N/A <input type="checkbox"/> Pneumatic Communication/Integration: <input type="checkbox"/> Internal <input type="checkbox"/> Electric <input type="checkbox"/> Coordination with BAS <input type="checkbox"/> External <input type="checkbox"/> Digital <input type="checkbox"/> N/A	

<input type="checkbox"/> Manufacturer Check List	<input type="checkbox"/> Performance Sheets Included	<input type="checkbox"/> Operation and Maintenance Manuals
--	--	--

STATIC VERIFICATION			
item	yes	No	Comments
General condition of the fire pump and jokey pump / proper assembly			
Pump installed according to manufacturer's instructions			
Fixation completed and vibration springs adjusted			
Tightened electrical wire			
Démarrageurs et protection installés			
Emergency test			
Pressure set point set			
Test with fire alarm panel			Submit the commissioning report
Connexion completed with fire alarm panel			
Tightened electrical			
Noise and vibration check			
pump aligned			Submit the commissioning report
Jokey pump operation with the pressure			
Commissioning report According to NFPA 20			Submit the commissioning report
Flow testing of the fire pump to 0%, 100% and 150% of nominal flow.			

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

Phase inversion of the electric motor test on normal power and the emergency power			
Make a minimum of six manual and automatic testing of control panels for the fire pumps according to manufacturer's recommendations. Each test is expected to last at least five minutes			
Simulate a loss of the main power supply. Check that the transfer to the emergency power supply is carried out when the pump operates at maximum load			
Simulate all alarm conditions for the fire pump and check that all alarm conditions are transmitted to the annunciator panel			
Operate the fire pump for a minimum of 1 hour			
Conduct open test and complete closure of all network control valves when it is subjected to the pressure of the water supply.			

PERFORMANCE	Conditions of operation	Design	Reading
	Water flow rate :		
	Suction pressure :		
	Discharge pressure :		
	Head :		
	Power :		
	Voltage:		

MEMORANDUM (Deficiencies, repair work, sound, maintenance)	STATUS
Perform the tests according NFPA 20	<input type="checkbox"/> Compliance
Training Hours : 4 h	<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 :

1.23 Domestic water pump

IDENTIFICATION	Equipment Tag:	Serial Number:
	Type:	Location:
	Make:	Contractor:
	Model Number:	Manufacturer:
	Dimensions:	
	System:	
	Sector:	

Controls: <input type="checkbox"/> N/A	<input type="checkbox"/> Pneumatic	Communication/Integration:
<input type="checkbox"/> Internal	<input type="checkbox"/> Electric	<input type="checkbox"/> Coordination with BAS
<input type="checkbox"/> External	<input type="checkbox"/> Digital	<input type="checkbox"/> N/A

<input type="checkbox"/> Manufacturer Check List	<input type="checkbox"/> Performance Sheets Included	<input type="checkbox"/> Operation and Maintenance Manuals
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PERFORMANCE	Operation Data	Design	Reading
	Water Flow:		
	Inlet Pressure:		
	Outlet pressure:		
	Head:		
	Amperage:		
	Voltage:		

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.24 Sum Pump

IDENTIFICATION	Equipment Tag:	Serial Number:
	Type:	Location:
	Make:	Contractor:
	Model Number:	Manufacturer:
	Dimensions:	
	System:	
	Sector:	
	Controls: <input type="checkbox"/> N/A <input type="checkbox"/> Pneumatic <input type="checkbox"/> Internal <input type="checkbox"/> Electric <input type="checkbox"/> External <input type="checkbox"/> Digital Communication/Integration: <input type="checkbox"/> Coordination with BAS <input type="checkbox"/> N/A	

<input type="checkbox"/> Manufacturer Check List	<input type="checkbox"/> Performance Sheets Included	<input type="checkbox"/> Operation and Maintenance Manuals
--	--	--

PERFORMANCE	Operation Data	Design	Reading
	Water Flow:		
	Inlet Pressure:		
	Outlet pressure:		
	Head:		
	Amperage:		
	Voltage:		

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.25 Domestic water pipes

IDENTIFICATION	Identification:	Drawing Number:
	Location:	
	Description of System:	
	Sector:	

REPORT	INCLUDED	N/A	COMMENTS
Cleaning ANSI/AWWA B300	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Level	<input type="checkbox"/>	<input type="checkbox"/>	
Earthquake-Resistant Report	<input type="checkbox"/>	<input type="checkbox"/>	

MAINTENANCE REQUIREMENTS

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.26 Vent pipe (Plastic)

IDENTIFICATION	Identification:	Drawing Number:
	Location:	
	Description of System:	
	Sector:	

REPORT	INCLUDED	N/A	COMMENTS
Cleaning ANSI/AWWA B300	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Level	<input type="checkbox"/>	<input type="checkbox"/>	
Earthquake-Resistant Report	<input type="checkbox"/>	<input type="checkbox"/>	

MAINTENANCE REQUIREMENTS

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.27 Domestic water heater

IDENTIFICATION	Equipment Tag:	Serial Number:	
	Type:	Location:	
	Make:	Contractor:	
	Model Number:	Manufacturer:	
	Dimensions:		
	Sector:		
	Accessories: <input type="checkbox"/> High limit humidity detector <input type="checkbox"/> Pneumatic <input type="checkbox"/> Flow switch <input type="checkbox"/> Electric <input type="checkbox"/> Internal control <input type="checkbox"/> Digital <input type="checkbox"/> External control		Communication/Integration: <input type="checkbox"/> Coordination with BAS <input type="checkbox"/> N/A

<input type="checkbox"/> Manufacturer Check List	<input type="checkbox"/> Performance Sheets Included	<input type="checkbox"/> Operation and Maintenance Manuals
--	--	--

PERFORMANCE	Operation Data	Design	Reading
	Burner model :		
	Heating capacity :		
	Tank dimension :		
	Voltage :		
	Thermostat setting :		
	Safety :		

*attach the contractor installation check list.

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.28 Back flow preventer

IDENTIFICATION	Equipment Tag:		Serial Number:	
	Type:		Location:	
	Make:		Contractor:	
	Model Number:		Manufacturer:	
	Dimensions:			
	Sector:			
	Accessories:		Communication/Integration:	
<input type="checkbox"/> High limit humidity detector	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Coordination with BAS		
<input type="checkbox"/> Flow switch	<input type="checkbox"/> Electric	<input type="checkbox"/> N/A		
<input type="checkbox"/> Internal control	<input type="checkbox"/> Digital			
<input type="checkbox"/> External control				

<input type="checkbox"/> Manufacturer Check List	<input type="checkbox"/> Performance Sheets Included	<input type="checkbox"/> Operation and Maintenance Manuals
--	--	--

*attach the contractor installation check list.

MEMORANDUM (Deficiencies, repair work, sound, 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 :

RAPPORT D'ESSAI ET DE VÉRIFICATION						Dar2CR, C-VP	
DISPOSITIF ANTIREFOULEMENT À DEUX CLAPETS DE RETENUE ET ROBINETS, ET CASSE-VIDE À PRESSION						ADRESSE	
ADRESSE DE LA PROPRIÉTÉ				OCCUPANT			
PROPRIÉTAIRE DU DISPOSITIF							
PERSONNE CONTACT					TÉLÉPHONE		
ADRESSE DU PROPRIÉTAIRE						CODE POSTAL	
NOM DU VÉRIFICATEUR			NUMÉRO DE CERTIFICATION DU VÉRIFICATEUR		TÉLÉPHONE		
RAISON SOCIALE			ADRESSE D'AFFAIRES			CODE POSTAL	
MARQUE DU MATÉRIEL D'ESSAI		MODÈLE		NUMÉRO DE SÉRIE		DATE DU PROCHAIN ÉTALONNAGE	
DISPOSITIF ANTIREFOULEMENT À DEUX CLAPETS DE RETENUE ET ROBINETS				CASSE-VIDE À PRESSION			
TYPE DE DISPOSITIF <input type="checkbox"/> Dar2CR <input type="checkbox"/> C-VP		MARQUE DU DISPOSITIF		MODÈLE		NUMÉRO DE SÉRIE	
EMPLACEMENT DU DISPOSITIF DANS LE BÂTIMENT							
TYPE D'ESSAI <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUEL		DATE DE L'ESSAI AA MM JJ		PRESSION DE LA CONDUITE AU COURS DE L'ESSAI kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/>			
ESSAI	DISPOSITIF ANTIREFOULEMENT À DEUX CLAPETS DE RETENUE ET ROBINETS				CASSE-VIDE À PRESSION		
	CLAPET DE RETENUE N° 1		CLAPET DE RETENUE N° 2				
	SENS D'ÉCOULEMENT <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche	CONTRE-SENS D'ÉCOULEMENT <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche	SENS D'ÉCOULEMENT <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche	CONTRE-SENS D'ÉCOULEMENT <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche	RÉSULTATS D'ESSAI <input type="checkbox"/> RÉUSSITE <input type="checkbox"/> ÉCHEC	SOUAPE D'ADMISSION D'AIR <input type="checkbox"/> DÉFAILLANCE D'OUVERTURE <input type="checkbox"/> D'OUVERTURE À	CLAPET DE RETENUE <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche
	CHUTE DE PRESSION DANS LE CLAPET DE RETENUE kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/>		CHUTE DE PRESSION DANS LE CLAPET DE RETENUE kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/>		CHUTE DE PRESSION DANS LE CLAPET DE RETENUE kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/>		
EN CAS D'ÉCHEC AU COURS DE L'ESSAI DISPOSITIF, POUR TOUTE RAISON, COMPLÉTER CETTE SECTION ET COCHER LES CASES CI-DESSOUS POUR TOUTE RÉPARATION.							
CAUSE DE DÉFAILLANCE (SI VISIBLE)							
REPLACÉ	DISPOSITIF ANTIREFOULEMENT À DEUX CLAPETS DE RETENUE ET ROBINETS				CASSE-VIDE À PRESSION		
	CLAPET DE RETENUE N° 1		CLAPET DE RETENUE N° 2				
	35 <input type="checkbox"/> Nettoyé 36 <input type="checkbox"/> Disque 37 <input type="checkbox"/> Ressort 38 <input type="checkbox"/> Guide 39 <input type="checkbox"/> Bague de retenue de la goupille 40 <input type="checkbox"/> Goupille de charnière 41 <input type="checkbox"/> Siège 42 <input type="checkbox"/> Membrane 43 <input type="checkbox"/> Autre (décrire ci-haut)	44 <input type="checkbox"/> Nettoyé 45 <input type="checkbox"/> Disque 46 <input type="checkbox"/> Ressort 47 <input type="checkbox"/> Guide 48 <input type="checkbox"/> Bague de retenue de la goupille 49 <input type="checkbox"/> Goupille de charnière 50 <input type="checkbox"/> Siège 51 <input type="checkbox"/> Membrane 52 <input type="checkbox"/> Autre (décrire ci-haut)	53 <input type="checkbox"/> Nettoyé 54 <input type="checkbox"/> Disque, orif. de ventilation 55 <input type="checkbox"/> Ressort, orif. de ventilation 56 <input type="checkbox"/> Disque (champignon) 57 <input type="checkbox"/> Bague de retenue 58 <input type="checkbox"/> Ressort 59 <input type="checkbox"/> Disque 60 <input type="checkbox"/> Guide 61 <input type="checkbox"/> Autre (décrire ci-haut)				
	DATE DU CONTRE-ESSAI AA MM JJ						
CONTRE-ESSAI	SENS D'ÉCOULEMENT <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		CONTRE-SENS D'ÉCOULEMENT <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		RÉSULTATS DU CONTRE-ESSAI <input type="checkbox"/> RÉUSSITE <input type="checkbox"/> ÉCHEC		
	CHUTE DE PRESSION DANS LE CLAPET DE RETENUE kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/>		CHUTE DE PRESSION DANS LE CLAPET DE RETENUE kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/>		CHUTE DE PRESSION DANS LE CLAPET DE RETENUE kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/>		
OBSERVATIONS							
Je certifie avoir mis à l'essai le dispositif décrit ci-dessus conformément au règlement municipal de la ville de							
SIGNATURE DU VÉRIFICATEUR AGRÉÉ				AA MM JJ		DISTRIBUTION COPIE BLANCHE : DIRECTEUR, VÉRIFICATION DES RACCORDEMENTS CROISÉS COPIE JAUNE : VÉRIFICATEUR AGRÉÉ COPIE ROSE : OCCUPANT OU PROPRIÉTAIRE	
RÉSERVÉ À LA RÉGIE INTERNE SEULEMENT				AA MM JJ			

RAPPORT D'ESSAI ET DE VÉRIFICATION DISPOSITIF ANTIREFOULEMENT À PRESSION RÉDUITE, DISPOSITIF ANTIREFOULEMENT À DEUX CLAPETS DE RETENUE ET ROBINETS, ET CASSE-VIDE À PRESSION										ADRESSE DarPR, Dar2CR, C-VP, C-VPAD	
ADRESSE DE LA PROPRIÉTÉ				OCCUPANT		PERSONNEL RESSOURCE		TÉLÉPHONE			
PROPRIÉTAIRE			ADRESSE DU PROPRIÉTAIRE			CODE POSTAL		TÉLÉPHONE			
TYPE DE DISPOSITIF <input type="checkbox"/> DA-PR <input type="checkbox"/> DA-2CR <input type="checkbox"/> C-VP <input type="checkbox"/> C-VPAD		MARQUE DU DISPOSITIF		MODÈLE		NUMÉRO DE SÉRIE		DIAMÈTRE			
EMPLACEMENT DU DISPOSITIF (BÂTIMENT, NUMÉRO DU LOCAL)						INSTALLÉ SUR QUEL SYSTÈME					
NUMÉRO DE CERTIFICATION DU VÉRIFICATEUR		NUMÉRO D'ÉQUIPEMENT DU VÉRIFICATEUR		NOM DU VÉRIFICATEUR AGRÉÉ		RAISON SOCIALE		TÉLÉPHONE			
ADRESSE DE LA PROPRIÉTÉ								CODE POSTAL			
TYPE D'ESSAI (COCHER UNE CASE) <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUEL <input type="checkbox"/> REMPLACEMENT		PRESSION DE LA CONDUITE AU COURS DE L'ESSAI <input type="checkbox"/> kPa <input type="checkbox"/> lb/po ²		PRESSION DIFFÉRENTIELLE DANS LE 1 ^{er} CLAPET (ESSAI D'ÉCOULEMENT NUL) MOINS LE POINT D'OUVERTURE DE LA SOUPAPE DE DÉCHARGE <input type="checkbox"/> kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/> = TAMPON				<input type="checkbox"/> kPa <input type="checkbox"/> lb/po ² <input type="checkbox"/> kPa <input type="checkbox"/> lb/po ²			
DISPOSITIF ANTIREFOULEMENT À PRESSION RÉDUITE											
DISPOSITIF ANTIREFOULEMENT À DEUX CLAPETS DE RETENUE ET ROBINETS											
CLAPET DE RETENUE N° 2		ROBINET D'ARRÊT N° 2		CLAPET DE RETENUE N° 1		SOUPAPE DE DÉCHARGE À PRESSION DIFFÉRENTIELLE		CASSE-VIDE À PRESSION			
SENS D'ÉCOULEMENT		CONTRE-SENS D'ÉCOULEMENT		SENS D'ÉCOULEMENT		CONTRE-SENS D'ÉCOULEMENT		SOUPAPE ADM. D'AIR			
DATE DE L'ESSAI AA MM JJ		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche			
EN CAS D'ÉCHEC AU COURS DE L'ESSAI INITIAL DU DISPOSITIF, POUR TOUTE RAISON, COMPLÉTER CETTE SECTION ET COCHER LES CASES CI-DESSOUS POUR TOUTE RÉPARATION.											
RÉPARATIONS		RÉPARATIONS		RÉPARATIONS		RÉPARATIONS		RÉPARATIONS			
1 <input type="checkbox"/> Nettoyé 2 <input type="checkbox"/> Remplacé 3 <input type="checkbox"/> Disque 4 <input type="checkbox"/> Ressort 5 <input type="checkbox"/> Guide 6 <input type="checkbox"/> Bague de retenue de la goupille 7 <input type="checkbox"/> Couplage de chambre 8 <input type="checkbox"/> Siège 9 <input type="checkbox"/> Membrane 10 <input type="checkbox"/> Autre (décrire)		20 <input type="checkbox"/> Nettoyé 21 <input type="checkbox"/> Remplacé 22 <input type="checkbox"/> Disque 23 <input type="checkbox"/> Ressort 24 <input type="checkbox"/> Guide 25 <input type="checkbox"/> Bague de retenue (décrire)		30 <input type="checkbox"/> Nettoyé 31 <input type="checkbox"/> Remplacé 32 <input type="checkbox"/> Disque, orif. de ventilation 33 <input type="checkbox"/> Ressort, orif. de ventilation 34 <input type="checkbox"/> Disque (champignon) 35 <input type="checkbox"/> Bague de retenue 36 <input type="checkbox"/> Ressort 37 <input type="checkbox"/> Disque 38 <input type="checkbox"/> Guide 39 <input type="checkbox"/> Autre (décrire)		50 <input type="checkbox"/> Nettoyé 51 <input type="checkbox"/> Remplacé 52 <input type="checkbox"/> Disque, haute pression 53 <input type="checkbox"/> Disque, basse pression 54 <input type="checkbox"/> Ressort 55 <input type="checkbox"/> Membrane, grand diamètre 56 <input type="checkbox"/> Haute pression 57 <input type="checkbox"/> Basse pression 58 <input type="checkbox"/> Membrane, petit diamètre 59 <input type="checkbox"/> Haute pression 60 <input type="checkbox"/> Basse pression 61 <input type="checkbox"/> Butée d'écart., basse pression 62 <input type="checkbox"/> Autre (décrire)		70 <input type="checkbox"/> Nettoyé 71 <input type="checkbox"/> Remplacé 72 <input type="checkbox"/> Disque, orif. de ventilation 73 <input type="checkbox"/> Ressort, orif. de ventilation 74 <input type="checkbox"/> Disque (champignon) 75 <input type="checkbox"/> Bague de retenue 76 <input type="checkbox"/> Ressort 77 <input type="checkbox"/> Disque 78 <input type="checkbox"/> Guide 79 <input type="checkbox"/> Autre (décrire)		RÉSULTATS D'ESSAI <input type="checkbox"/> RÉUSSITE <input type="checkbox"/> ÉCHEC	
CONTRE-ESSAI		CONTRE-ESSAI		CONTRE-ESSAI		CONTRE-ESSAI		CONTRE-ESSAI			
DATE DE CONTRE-ESSAI AA MM JJ		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche		Fuites <input type="checkbox"/> Fuites <input type="checkbox"/> Fermeture étanche			
OBSERVATIONS : CAUSE DE DÉFAILLANCE (SI VISIBLE)											
Je certifie avoir mis à l'essai le dispositif décrit ci-dessus conformément au règlement municipal de la ville de						SIGNATURE DU VÉRIFICATEUR AGRÉÉ		DATE AA MM JJ			
RÉSERVÉ À LA RÉGIE INTERNE SEULEMENT											
DISTRIBUTION: COPIE BLANCHE : DIRECTEUR, VÉRIFICATION DES RACCORDEMENTS CROISÉS				COPIE JAUNE : VÉRIFICATEUR AGRÉÉ			COPIE ROSE : OCCUPANT OU PROPRIÉTAIRE				

1.29 Oil piping

IDENTIFICATION	Identification:	Drawing Number:
	Location:	
	Description of System:	
	Sector:	

REPORT	INCLUDED	N/A	COMMENTS
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Level	<input type="checkbox"/>	<input type="checkbox"/>	
Earthquake-Resistant Report	<input type="checkbox"/>	<input type="checkbox"/>	

MAINTENANCE REQUIREMENTS

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.30 Natural gas piping

IDENTIFICATION	Identification:	Drawing Number:
	Location:	
	Description of System:	
	Sector:	

REPORT	INCLUDED	N/A	COMMENTS
Cleaning ANSI/AWWA B300	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Level	<input type="checkbox"/>	<input type="checkbox"/>	
Earthquake-Resistant Report	<input type="checkbox"/>	<input type="checkbox"/>	

MAINTENANCE REQUIREMENTS

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.31 Generator

VERIFICATION REPORT/RAPPORT DE VERIFICATION

Equipment Data/Données sur l'équipement			
Items Articles	Specified Spécifié	Shop Drawings Dessins d'atelier	Installed Installé
Supplier/Fournisseur			
Engine/Moteur Manufacturer/Manufacturier			
Serial No./No. de série			
Type			
Cylinders/Cylindres			
RPM			
Stroke cycle/Cycle de coup de piston			
Capacity: kW/Capacité: KW			
BHP/CV au frein			
Governor/Régulateur			
Immersion heater/Chauffage absorption			
Radiator/Radiateur			
Cooling pump/Pompe de refroidissement			
Radiator fan/Ventilateur de radiateur			
Starter/Démarreur			
Drip tray/Cuvette d'égouttement			
Engine mounted circuit breaker panel Panneau de disjoncteur monté sur moteur			
Alternator/Alternateur Manufacturer/Manufacturier			
Serial No./No. de série			
Capacity: kW/Capacité: KW			
kVA/KVA			
Power Factor/Facteur de puissance			
Voltage			
Phase/Wires/Filage			
Full load/Pleine capacité			
RPM			
Winding insulation class/Classe d'isolation d'enroulement			
Configuration (y)			
Thermistors in stator winding/Thermistances dans stator d'enroulement			
Exciter type/Type exciter			
Drip proof enclosure - 1 hour rating/Enceinte épreuve d'égouttement - Pour 1 heure			
Conduit and wire size/Conduit et dimension du filage			

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

Equipment Data/Données sur l'équipement			
Items Articles	Specified Spécifié	Shop Drawings Dessins d'atelier	Installed Installé
Ground wire size/Dimension du filage de la mise à la terre			
Battery bank:/Rangée de batteries Voltage			
Type			
Capacity/Capacité			
Enclosure/Enceinte			
Paint finish/Fini de Peinture			
Conduit and wire size/Conduit et dimension du filage			
Engine control panelboard:/Panneau de contrôles du moteur: Manufacturer/Manufacturier			
EMAC type enclosure/Type d'enceinte ACMEE			
Oil pressure gauge/Jauge de pression d'huile			
Oil temperature gauge/Jauge de température d'huile			
Water temperature gauge/Jauge de température d'eau			
Running time meter/Compteur de temps de fonctionnement			
Cranking limiter relay/Relais de limite de démarrage			
Low oil pressure alarm contacts/Contacts d'alarme de basse pression d'huile			
Shutdown contacts:Contacts d'interruption Low oil pressure/Basse pression d'huile High water pres./Haute pres. d'eau Overspeed/Survitesse			
Battery charger:/Chargeur de batteries: Type			
dc ammeter/ cc Ampèremètre			
dc voltmeter/cc Voltmètre			
Overload protection/Protection de surcharge			
ac input switch/ca Entrée de l'interrupteur			
Input/voltage/Entrée/Voltage			
Low rate charge/Basse puissance de charge			
High rate charge/Haute puissance de charge			
ac input:/ca entrée conduit and wire size/conduit et dimension de filage			
dc output:/ cc sortie conduit and wire size/conduit et dimension de filage			

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

Installation Review/Revision de l'installation			
Items/Articles	Yes/Oui	No/Non	Comments/Commentaires
Engine: Fan belts/ Moteur: Courroies de ventilateur			
Safety guards/Protecteurs de courroie			
Engine coolant/Agent de refroidissement du moteur			
Lubricant/Lubrifiant			
Exhaust/muffler pipe/Échappement/Tuyau de silencieux			
Vibration isolator/Isolateur de vibration			
Seismic side snubbers/Côtés d'amortisseurs sismiques			
Block heater/Chauffe-moteur			
Lubricate governor linkages/Lubrifier train d'engrenage du régulateur			
Oil filter and drip pan/Filtre à l'huile et cuvette d'égouttement			
Oil level/Niveau d'huile			
Noise level/Niveau de bruit			
Ventilation			
Clearance from adjacent surfaces/Dégagement des surfaces adjacentes			
Generator:/Génératrice			
Nameplate and identification/Plaque du constructeur et identification			
Check all connections & terminations/Vérifier connexions et terminaisons			
Lubricate bearing/Lubrifier les coussinets			
Bearing seal leakage/Fuite du joint étanche du coussinet			
Grounding of equipment/Mise à la terre de l'équipement			
Cable phasing and polarity/Phase de câble et polarité			
Clean equipment/Nettoyer l'équipement			
Battery bank:/Rangée de batteries			
Check cable and connections/Vérifier câbles et connexions			
Battery fluid level/Niveau de liquide à batterie			
Clean for battery acid leaks/Nettoyer fuites d'acide à batterie			
Battery charger/Chargeur de batteries			
Fuel tank:/Réservoir de carburant Fuel level/Niveau de carburant			
Clearance around tank/Dégagement autour du réservoir			
Warning signs/Signaux d'avertissement			

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

PERFORMANCE REPORT/RAPPORT DE RENDEMENT

Operational Checks/Vérifications opérationnel	Yes/Oui	No/Non	Comments/Comments			
Engine Control Panel/Panneau de contrôles du moteur						
Oil pressure gauge/Jauge de pression d'huile						
Oil temperature gauge/Jauge de température d'huile						
Coolant temperature gauge/Jauge de température d'agent de refroidissement						
Cranking limiter relay/Relais de limite de coudage						
Running time meter/Compteur de temps de fonctionnement						
Specified Tests and Measured Data - Generator/Essais spécifiées et données mesurées - Génératrice						
Insulation (megger) test/Essai de défaut d'isolement de conducteur (MΩ) (mégohmmètre)	Phase A-B = Phase B-C = Phase C-A = Phase ABC-GRD =					
Notes: * Equipment to be isolated from all sources of power A Noter: * Équipement à être isolé de toutes sources de pouvoir						
Remarks:						
Observations:						
Simulate Power Failure/Simulation de manque de pouvoir	Yes/oui	No/non	Comments			
Transfer switch operation/Opération d'interrupteur de transfert						
Automatic starting cycling/Cycle de démarrage automatique						
Automatic shutdown and return to normal Arrêt et retour automatique au pouvoir normal						
Alarm and shutdown circuits tested Alarmes et arrêt de circuits vérifiés						
Remarks:						
Observations:						

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

LOAD/AMBIENT TEMPERATURE TEST */CHARGE/ESSAIS DE TEMPERATURE AMBIANTE											
TIME (Hrs)/TEMPS (Hres)	1	2	3	4	5	6	7	8	9	10	Criteria
Hour meter/Compteur horaire											
AMBIENT TEMPERATURE/TEMPERATURE AMBIANTE											
T1											
T2											
T3											
ENGINE/MOTEUR											
Oil Temperature/Température d'huile											
Water Temperature/Température de l'eau											
Oil Pressure/Pression d'huile											
EXH Temperature/Température d'échappement											
Maximum Pressure/Pression maximum											
GENERATOR/GENERATRICE											
Temperature - In/Température - Entrée											
Temperature - Out/Température - Sortie											
Temperature - Frame/Température - Charpente											
EXCITER											
Volts/Voltage											
Amps/Ampérage											
1-PHASE VOLTS/VOLTAGE DE PHASE											
L1 - N											
L2 - N											
L3 - N											
Frequency/Fréquence											
3-PHASE VOLTS/VOLTAGE DE PHASE											
VE 31											
VE 23											
VE 12											
Average/Moyenne											
CURRENT/COURANT											
IL 3											
IL 2											
IL 1											
Average/Moyenne											
LOAD/CHARGE											
kW											
100 %											

* For ambient temperature, refer to Section 16622, Page 5, Item 1.6.12
 * Pour la température ambiante, référer à la section 16622, page 5, Article 1.6.12

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

1.32 Lighting control system (DALI)

IDENTIF.	Block:	Level:	Sector:
	Panel with Relay	Brand:	Model:
	Drawing No.:		

TESTS	VERIFICATION OF LIGHTNING AND LIGHTNING CONTROL				Y	N	W/O	Nos.
	Devices installed per manufacturer's instructions and specifications							
	All the lamps work correctly (no burned lamps, no blinking, etc.)							
	The level of illumination is adequate							
	The illumination is uniform (no black spots, etc.)							
	The commands by switches work							
	The commands by motion detectors work correctly							
	The commands by gradation work correctly							
	The illumination is normal at every level of gradation since the minimum until 100 %							
	The panel with relay works correctly							

DEFECTS/DISCREPANCIES	No.	Room	Item	Description of the defect/Comments
	1			
	2			
	3			
	4			
	5			
	6			
	7			

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.33 Fire alarm system

IDENTIFICATION	Panel:		Drawing Number:
	Connected to:		Location:
	Manufacturer:		Manufacturer Phone #:
	Contractor:		Contractor phone #:
	Model/Serial:		Compliance: <input type="checkbox"/> Y <input type="checkbox"/> N
	System: <input type="checkbox"/> Conventional <input type="checkbox"/> Addressable		Connection with Fire Network: <input type="checkbox"/> Y <input type="checkbox"/> N
	Number of Zones:	Number of Loops:	Reserve:
	Batteries:		

INSPECTION AND TRIAL	Description	Y	N	N/A	Comments
	Standards and codes applied				
	Correct installation				
	All electric connections tight				
	Verify electrolyte level is correct (where applicable)				
	Specified sequences of operation and operating schedules have been provided with all variations documented				
	Measures and sensibility				
	Specified point-to-point checks have been completed and documentation record submitted for this system				

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.34 Electrical requirements (general)

IDENTIFICATION	Identification:	Drawing Number:
	Location:	
	Description of System:	
	Sector:	

Reports	yes	N/A	Comments
Phase current measurement of distribution panels under normal loads	<input type="checkbox"/>	<input type="checkbox"/>	
Verify phase voltages devices, transformer adjustment taps for the (voltage obtained is within 2% of the nominal voltage of the devices).	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing charges report	<input type="checkbox"/>	<input type="checkbox"/>	

MAINTENANCE REQUIREMENTS

MEMORANDUM (Deficiencies, repair work, sound, 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 :

1.35 Transformer

Equipment Data/Données de l'équipement			
Items/Articles	Specified Spécifié	Shop Drawings Dessins d'atelier	Installed Installé
Manufacturer/Manufacturier			
Configuration II-Y II-II etc.			
Model/Modèle			
kVA Rating/Capacité KVA			
Primary/Secondary voltage/Voltage primaire au secondaire			
Insulation/Isolation			
Impedance/Impédance			
Basic impulse level (BIL)/Niveau d'impulsion de base (NIB)			
Primary conduit and wire size Conduit primaire et dimension du filage			
Secondary conduit and wire size Conduit secondaire et dimension du filage			
Ground wire size/Dimension du fil de mise à la terre			
Paint finish colour/Couleur du fini de la peinture			
Voltage taps/Voltage d'embranchement			
Drip hood/Hotte d'égouttement			
Vibration isolation/Insulation de vibration			

PERFORMANCE REPORT/RAPPORT DE RENDEMENT Installation Review/Revision de l'installation			
Items/Articles	Yes/Oui	No/Non	Comments/Commentaires
Check primary, secondary and ground connections Vérifier, connexions du primaire, secondaire et celles de la mise à la terre			
Check tap connections, tap charger operation and condition Vérifier les connexions d'embranchement du chargeur et l'opération			
Check all bolted connections for proper torque Vérifier la torsion de toutes les connexions boulonnées			
Clean cubicle and insulators/Nettoyer le compartiment et les isolateurs			
Inspect insulators for cracks and moisture damage Inspecter les isolateurs pour fissures et dégâts d'humidité			
Check for deterioration of insulation, loose spacers and barriers Vérifier la détérioration de l'isolation, écartements et barrières déserrés			

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

Inspect for loose mounting and supports/Inspecter pour assemblage et supports desserrés			
Adequate clearance around equipment/Dégagement adéquat autour de l'équipement			
All tools removed, doors, covers replaced/Outils enlevés, portes et couvercles remplacés			
Taps set correctly/Embranchement ajusté correctement			
Noise level/Niveau de bruit			
Note: * Equipment to be isolated from all sources of power A Note: * Équipement à être isolé de toute sources de pouvoir			
Remarks: Observations:			
Items Articles	Yes Oui	No Non	Comments Commentaires
Verification report complete Rapport de vérification complet			

Insulation Megger Test		Yes [] No []	
Essai de défaut d'isolement de conducteurs		Oui [] Non []	
Temperature = Température =		Comments/Commentaires	Notes
Primary to secondary Primaire au Secondaire	MΩ		Megger Test @ _____ Volts D.C. Essai de défaut d'isolement de conducteurs _____ Voltage C.C.
Primary to secondary and ground Primaire au secondaire et mise à la terre	MΩ		
Secondary to primary and ground Secondaire au primaire et mise à la terre	MΩ		
Core ground (250 V megger) Mise à la terre (250 V Mégohmmètre)	MΩ		

Ratio Test		Yes [] No []	
Essai de coefficient		Oui [] Non []	
X 110 = %	Primary Volt: Voltage primaire:	Sec. Volt: Voltage sec.:	
Tap pos. Emb. pos.	Calculated ratio Taux calculé	H1:H3- X1:X1:X0 test reading %	H2:H1-X2: X0 test reading %
		H3:H2-X3: X0 test reading %	Volts Voltage
Taps as found = Embranchements constatés =		Taps as left = Embranchements abandonnées =	

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

PERFORMANCE REPORT (Continued) RAPPORT DE RENDEMENT (Suite)

Test Results Résultats de l'essai			
Items Articles	Result Résultat	Items Articles	Result Résultat
Primary current on each phase Courant primaire sur chaque phase		Secondary current on each phase Courant secondaire sur chaque phase	
Current phase A/Phase de courant A		Current phase A/Phase de courant A	
Current phase B/Phase de courant B		Current phase B/Phase de courant B	
Current phase C/Phase de courant C		Current phase C/Phase de courant C	
Primary voltage phase to phase Voltage primaire de phase à phase		Sec. voltage phase to phase & neutral Voltage sec. phase à phase et neutre	
Voltage A-B		Voltage A-B	
Voltage B-C		Voltage B-C	
Voltage C-A		Voltage C-A	
		Voltage A-N	
		Voltage B-N	
		Voltage C-N	

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

1.36 Distribution panel

VERIFICATION REPORT/RAPPORT DE VERIFICATION

Equipment Data/Données de l'équipement			
Item/Article	Specified Spécifié	Shop Drawings Dessins d'atelier	Installed Installé
Manufacturer/Manufacturier			
Type			
Voltage/phase/wires Voltage/phase/filage			
Bus Amperage/Ampérage de barre			
Bus bracing (kA)/Ancrage de barre(kA)			
Copper or aluminum bus/Barre de cuivre ou aluminium			
Floor mounted/Installé au plancher			
Wall mounted: flush or surface Installé au mur: encastré ou en surface			
Enclosure EEMAC type/type d'enceinte ACMEE			
Hinged lockable door/porte verrouillable à charnières			
Circuit directory in door/Répertoire des circuits dans la porte			
Isolated ground bus/Barre de mise à la terre isolée			
Metering (Amps, Volts, kW)/Compteur (A, V, kW)			
Main breaker type and size/Type et dimension de disjoncteur principal			
Main breaker lock-off facility/Verrouillage du disjoncteur principal en position arrêt			
Ground wire size/Dimension du fil de mise à la terre			
Feeder conduit size/Dimension de conduit d'alimentation			

VERIFICATION REPORT (Continued)/RAPPORT DE VERIFICATION			
Branch Breaker List/Liste de disjoncteurs d'embranchement			
Designation Conception	Type & Frame Type & boîtier	Short CCT Rating Évaluation court circuit	Amp Trip Déclat à ampères

PERFORMANCE REPORT/RAPPORT DE RENDEMENT			
Installation Review/Revision de l'installation			
Item/Article	Yes/Non	No/Non	Comments/Commentaires
Verification Report Complete/Rapport de vérification complet			
Nameplate Complete/Plaque du fabricant complète			
Identification Label/Étiquette d'identification			
Wiring circuits identified/Circuits de filage identifiés			
Cable phasing colour-coded/Phase de câbles identifiés par couleur			
Clearance around equipment/Dégagement autour de l'équipement			
Grounding of equipment/Mise à la terre de l'équipement			
Check for signs of overheating Vérifier pour évidences de surchauffe			
Item/Article	Yes/Non	No/Non	Comments/Commentaires
Check breakers for mechanical operation Vérifier l'opération mécanique des disjoncteurs			
Bus cable lugs, bus bolts and breaker bolts torqued to MRT Cosses de câble, boulons de barre et de disjoncteur serrés au CRM			
Filler pieces in place/Pièces d'espacement en place			
Spare breakers installed/Disjoncteurs de réserve installés			
Warning signs/Signaux d'avertissement			

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

Specified Tests and Measured Data/Essais spécifiés et données obtenues					
Feeder insulation test: (MΩ)		Phase A - B = _____			
Essai d'isolant des câbles d'alimentation: (MΩ)		Phase B - C = _____			
		Phase C - A = _____			
Voltage test:	Phase V:	AN = _____	BN = _____	CN = _____	
Essai de voltage:	Line V:	AB = _____	BC = _____	CA = _____	
Load test:	Line currents:	I _A = _____	I _B = _____	I _C = _____	
Essai de charge:	Courant des lignes				
Note/A noter:* Equipment to be isolated from all sources of power/L'équipement doit être isolé de toutes autres sources d'électricité					
Remarks/Observations:					

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

1.37 Distribution panel (lighting / receptacles)

VERIFICATION REPORT/RAPPORT DE VERIFICATION Equipment Data/Données de l'équipement			
Item Article	Specified Spécifié	Shop Drawings Dessins d'atelier	Installed Installé
Manufacturer/Manufacturier			
Type			
Voltage / Phase / Wires Voltage / Phase / Filage			
Bus amperage/Ampérage de barre			
Bus bracing (kA)/Ancrage de barre (kA)			
Copper or aluminum bus/Barre de cuivre ou d'aluminium			
Floor mounted/Installé sur le plancher			
Wall mounted: flush or surface Installé sur le mur: encastré ou en surface			
Enclosure EEMAC type/Type d'enceinte ACMEE			
Hinged lockable door/Porte verrouillable à charnières			
Circuit directory in door/Répertoire de circuits dans la porte			
Isolated ground bus/Barre de mise à la terre isolée			
Number of circuits/Nombre de circuits			
Main breaker type and size/Type et dimension du disjoncteur principal			
Main breaker lock-off facility/Verrouillage du disjoncteur principal en position arrêt			
Ground wire size/Dimension du fil de mise à la terre			
Feeder conduit size/Dimension du conduit d'alimentation			
Branch breaker (list type, size and interrupting capacity)/Disjoncteur d'embranchement(type, dimension, capacité d'interruption			

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

VERIFICATION REPORT (Continued)/RAPPORT DE VERIFICATION (Suite)								
Branch Breaker List/Tableau de disjoncteurs d'embranchement								
Load Watts Charge(Watts)	Load Designation Charge de dessin	Breaker Trip Déclat du disj.	CCT No.	Φ	CCT. No.	Breaker Trip Déclat du disj.	Load Designation Charge de dessin	Load Watts Charge (Watts)
			1	A	2			
			3	B	4			
			5	C	6			
			7	A	8			
			9	B	10			
			11	C	12			
			13	A	14			
			15	B	16			
			17	C	18			
			19	A	20			
			21	B	22			
			23	C	24			
			25	A	26			
			27	B	28			
			29	C	30			
			31	A	32			
			33	B	34			
			35	C	36			
			37	A	38			
			39	B	40			
			41	C	42			
			43	A	44			
			45	B	46			
			47	C	48			

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

Load Watts Charge(Watts)	Load Designation Charge de dessein	Breaker Trip Déclic du disj.	CCT No.	Φ	CCT. No.	Breaker Trip Déclic du disj.	Load Designation Charge de dessein	Load Watts Charge (Watts)
			49	A	50			
			51	B	52			
			53	C	54			
			55	A	56			
			57	B	58			
			59	C	60			
			61	A	62			
			63	B	64			
			65	C	66			
			67	A	68			
			69	B	70			
			71	C	72			
			73	A	74			
			75	B	76			
			77	C	78			
			79	A	80			
			81	B	82			
			83	C	84			

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

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

1.38 Motor Control Center

IDENTIFICATION	Equipment Tag:		N° of plan :	
	Brand :		Location :	
	Model Number :		Manufacturer. :	
	Voltage :	NEMA :	Voltage :	
	Amp. horizontal :	Amp. horizontal :	Amp. horizontal :	
	omnibus (kA) :	supply : omnibus (kA) :	supply :	

INSPECTION	Description	Yes	No	NC	Comments
	Nameplate readable				
	All enclosures clearly identified				
	Primary connection tight				
	Phase identification of the bus bars				
	Right grounding				
	Facility starters drawer checked				
	Adequate clearance in front of the CCM				
	Clean equipment / no scratch or damage				
	Good ventilation				

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

MEMORANDUM (Deficiencies, repair work, sound, 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

TESTS	TESTS			Comments
	Electric strength test(MΩ) :		Ph ABC/T :	Electric strength test(MΩ) :
	Phase A-B :	Phase A-B :		Phase A-B :
	Voltage test :			
	V _{AN} :	V _{AN} :		V _{AN} :
	V _{AB} :	V _{AB} :		V _{AB} :
	Balancing charge test :			
	I _A :	I _A :		I _A :
	Note: the equipment must be isolated from any power source			

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

1.39 Switchboard

IDENTIFICATION	N° d'équipement :		N° de plan :	
	Marque :		Localisation :	
	Type :		Adresse Fourn. :	
	Tension :	Enceinte NEMA :	Barres : <input type="checkbox"/> Cu <input type="checkbox"/> Al	
	Amp. barre horizontale :	Amp. barre verticale :	Amp. barre de MALT :	
	Renfort omnibus (kA) :	Câble d'alimentation :	Raccordé à :	

INSPECTION	Description	O	N	s/o	Commentaires / Observations
	Plaque signalétique lisible				
	Tous les compartiments bien identifiés				
	Connexion principale bien serrée				
	Identification des phases des barres omnibus				
	Bonne mise à la terre				
	Mécanisme des démarreurs à tiroir vérifié				
	Dégagement adéquat devant le CCM				
	Équipement propre / pas d'égratignure ni dégât				
	Ventilation adéquate				

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

NOTE DE SERVICE (Déficiences, réparations effectuées, bruit, entretiens, vibration, etc.)	STATUT
	<input type="checkbox"/> Conforme
	<input type="checkbox"/> À vérifier
	<input type="checkbox"/> À compléter
	<input type="checkbox"/> Hors fonction
	<input type="checkbox"/> Non conforme

ESSAIS	Essais divers			Commentaires / Observations
	Essai de rigidité électrique (MΩ) :		Ph ABC/T :	
	Phase A-B :	Phase B-C :	Phase C-A :	
	Essai de tension :			
	V _{AN} :	V _{BN} :	V _{CN} :	
	V _{AB} :	V _{BC} :	V _{CA} :	
	Essai d'équilibrage de charge :			
	I _A :	I _B :	I _C :	
	Remarque : l'équipement doit être isolé de toute source d'alimentation			

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

1.40 Boiler

N° on plan:	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Capacity (HP/Mbtu/kW) :	Electrical : ____ V/____ Φ/____ Hz	

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation completed	<input type="checkbox"/> Connected to BAS	<input type="checkbox"/> Sequence completed
<input type="checkbox"/> TAB done			
Comments:			

Verifications	Instrument (portable / BAS / local)	Required	Low fire	High fire
Flamme pattern				
Operation setpoint				
Water Temperature IN (°C)				
Water Temperature OUT (°C)				
Water flow (gpm)				
Gas Température (flue)(°C)				
Gas pressure before regulator (psi)				
Gas pressure after regulator (po. H ₂ O)				
Gas pressure at first valve (po. H ₂ O)				
Motor speed (RPM)				
Combustion				
O ₂ (%)				
CO ₂ (%)				
CO (%)				
Net chimneytemperature (°F / °C)				
Combustion efficiency (%)				
Air excess (%)				
Chimney draw (po. H ₂ O)				
Ajustements and verifications				
Temps de purge				
Ignition module				
Fresh air entrys				
Low level cutout				
High limit cutout				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				

1.41 Cooling Tower

N° on plan:	Service :	Location :
Manufacturer :	Model :	Serial No :
Specifications		
Capacity (Bbtu/tons/kW) :	Electrical : ____ V/____ Φ/____ Hz	

Prerequisites (check to confirm that prerequisite has been documented)

<input type="checkbox"/> Shop drawings received	<input type="checkbox"/> Installation completed	<input type="checkbox"/> Connected to BAS	<input type="checkbox"/> Sequence completed
<input type="checkbox"/> TAB done			
Comments:			

Verifications	Instrument (portable / BAS / local)	Required	Measured 1	Measured 2
Water distribution in upper deck				
Distribution pattern at sprinklers				
Water inlet temperature (°C)				
Water outlet temperature (°C)				
Water flow (gpm)				
Air inlet temperature WB/DB(°C)				
Air outlet temperature WB/DB (°C)				
Heat transfer (Mbtu/kW)				
Ajustements				
Over flow				
Drainage valve operational				
Water make-up adequate				
Low level cutout				
Electric heater (Volt/ampère)				
Adequate water level OPERATION				

Participants of realisation (R), validation (V) and approbation (A) tests :

Authority / company	Name	Activity	Signature	Date
Plumbing				
Ventilation				
Controls				
TAB				
Witness (General contractor)		V		
Commissioning agent				