

Project Name:
Project Number:
Equipment ID:



Light Fixture Data Sheet

Equipment ID	<input type="text"/>	Floor/Level:	<input type="text"/>
Manufacturer:	<input type="text"/>	Room #:	<input type="text"/>
Model No.:	<input type="text"/>	Drawing Ref.:	<input type="text"/>
Serial No.:	<input type="text"/>	N/A:	<input type="text"/>

Type Data

	Design	Shop Drawing	Installed	Comments
Voltage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dimming (Y/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fixture Type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Installation Check-List

Item	Status			Comments
	Yes	No	N/A	
Fixture Installed at location noted on drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixture illuminates when power connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Commissionioned By:	<input type="text"/>
Company:	<input type="text"/>
Date:	<input type="text"/>
Signature:	<input type="text"/>

Project Name:
Project Number:
Equipment ID:



Light switch Data Sheet

Equipment ID	<input type="text"/>	Floor/Level:	<input type="text"/>
Manufacturer:	<input type="text"/>	Room #:	<input type="text"/>
Model No.:	<input type="text"/>	Drawing Ref.:	<input type="text"/>
Serial No.:	<input type="text"/>	N/A:	<input type="text"/>

Type Data

	Design	Shop Drawing	Installed	Comments
On/Off (Y/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dimming (Y/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Installation Check-List

Item	Status			Comments
	Yes	No	N/A	
Switch Installed at location noted on drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Switch tested and functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Commissioned By:

Company:

Date:

Signature:

Project Name:
Project Number:
Equipment ID:



Data Outlet Data Sheet

Equipment ID	<input type="text"/>	Floor/Level:	<input type="text"/>
Manufacturer:	<input type="text"/>	Room #:	<input type="text"/>
Model No.:	<input type="text"/>	Drawing Ref.:	<input type="text"/>
Serial No.:	<input type="text"/>	N/A:	<input type="text"/>

Type Data

	Design	Shop Drawing	Installed	Comments
Voice or Data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity of Drops	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Installation Check-List

Item	Status			Comments
	Yes	No	N/A	
Data outlet Installed at location noted on drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All jacks tested and functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data outlet labelled with path panel/port number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Commissioned By:

Company:

Date:

Signature:

Project Name:
Project Number:
Equipment ID:



Receptacle Data Sheet

Equipment ID	<input type="text"/>	Floor/Level:	<input type="text"/>
Manufacturer:	<input type="text"/>	Room #:	<input type="text"/>
Model No.:	<input type="text"/>	Drawing Ref.:	<input type="text"/>
Serial No.:	<input type="text"/>	N/A:	<input type="text"/>

Type Data

	Design	Shop Drawing	Installed	Comments
Ampacity:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GFI (Y/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TR (Y/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Installation Check-List

Item	Status			Comments
	Yes	No	N/A	
Receptacle Installed at location noted on drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Receptacle tested and functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Receptacle labelled with panel/circuit number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Commissioned By:	<input type="text"/>
Company:	<input type="text"/>
Date:	<input type="text"/>
Signature:	<input type="text"/>