



Chilled Water Pump Pre-Functional Checklist

Equipment ID	8PCHP3
Building	Chiller Plant
Location	New Mechanical 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/Model Verification

Model Verification	Submitted	Delivered
Manufacturer		
Model		
Serial No.	N/A	
Pump Type		
Impeller diameter (in.)		
Inlet/Outlet Sizes (in.)		



Model Verification	Submitted	Delivered
Capacity/Head (gpm/ft. wg)		
Motor Speed/Power (rpm/hp)		
Motor Voltage/Phase/Frequency (V / - / Hz)		

System Readiness Checklist

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

General Installation					
Description	Yes	N/A	Initials	Date	Comments
Unit is free from physical damage	<input type="checkbox"/>	<input type="checkbox"/>			
All components present	<input type="checkbox"/>	<input type="checkbox"/>			
The water openings are sealed with plastic plugs	<input type="checkbox"/>	<input type="checkbox"/>			
Unit tags affixed	<input type="checkbox"/>	<input type="checkbox"/>			
Installation and start-up manual provided	<input type="checkbox"/>	<input type="checkbox"/>			
Manufacturer's ratings readable/accurate	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					

Pump Installation					
Description	Yes	N/A	Initials	Date	Comments
Unit is secured as required by manufacturer and specifications	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate clearance around unit for service	<input type="checkbox"/>	<input type="checkbox"/>			
All components accessible for maintenance	<input type="checkbox"/>	<input type="checkbox"/>			
Unit can be removed from building	<input type="checkbox"/>	<input type="checkbox"/>			
Unit labeled and easy to see	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					



Piping					
Description	Yes	N/A	Initials	Date	Comments
All piping components have been installed (in the correct order) as required by the detail drawing	<input type="checkbox"/>	<input type="checkbox"/>			
Piping arranged for ease of the unit removal	<input type="checkbox"/>	<input type="checkbox"/>			
Shut-off valves and unions installed on inlet and outlet of pump	<input type="checkbox"/>	<input type="checkbox"/>			
Pressure gauges installed on inlet and outlet of pump	<input type="checkbox"/>	<input type="checkbox"/>			
Piping supported as required by specifications	<input type="checkbox"/>	<input type="checkbox"/>			
Piping is clean	<input type="checkbox"/>	<input type="checkbox"/>			
Piping insulation complete and installed as per specifications	<input type="checkbox"/>	<input type="checkbox"/>			
All valves and test ports are easily accessible	<input type="checkbox"/>	<input type="checkbox"/>			
Valve tags attached.	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					

Electrical and Controls					
Description	Yes	N/A	Initials	Date	Comments
Safety disconnect installed in an accessible location	<input type="checkbox"/>	<input type="checkbox"/>			
Motor rotation in proper direction	<input type="checkbox"/>	<input type="checkbox"/>			
All electrical connections are tight	<input type="checkbox"/>	<input type="checkbox"/>			
All electrical components are grounded	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					

Mechanical Startup					
Description	Yes	N/A	Initials	Date	Comments
Unit is checked, aligned, and certified prior to startup and report submitted.	<input type="checkbox"/>	<input type="checkbox"/>			
Unit and motor lubricated before startup	<input type="checkbox"/>	<input type="checkbox"/>			
Pump shaft rotates easily with power turned off.	<input type="checkbox"/>	<input type="checkbox"/>			
System starts and runs without any unusual noise or vibration	<input type="checkbox"/>	<input type="checkbox"/>			
Manufacturers startup checklist completed and attached.	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					



TAB					
Description	Yes	N/A	Initials	Date	Comments
Flow rate, gpm	<input type="checkbox"/>	<input type="checkbox"/>			
Inlet pressure (ft) / Outlet pressure (ft)	<input type="checkbox"/>	<input type="checkbox"/>			
Motor rotation in proper direction	<input type="checkbox"/>	<input type="checkbox"/>			
Motor overload verified	<input type="checkbox"/>	<input type="checkbox"/>			
Motor voltage and amps verified – each phase	<input type="checkbox"/>	<input type="checkbox"/>			
Startup strainer removed (after 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>			
Notes:					

"No Responses"		
Item	Date	Reason for "No" Response

Additional Comments: