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| **COMMISSIONING COMPLIANCE CHECKLIST** (adapted from IECC-2015/2018) | | |
| Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commissioning Provider (CxP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company/CxP address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **ITEM** | **COMMISSIONING DOCUMENTATION** | **APPROVAL** |
| **1.** | **Project Commissioning Requirements** |  |
|  | Project commissioning requirements included in project contract documents. |  |
| **2.** | **Commissioning Plan** |  |
|  | Commissioning Plan with checklists (before start of functional testing) completed. (Section C408.2.1) |  |
| **3.** | **Commissioning Plan Utilized** |  |
|  | Commissioning Plan was used during construction and includes items required in Section 408.2.1 |  |
| **4.** | **Systems Adjusting and Balancing** |  |
|  | Systems Adjusting and Balancing has been completed |  |
| **5.** | **HVAC Equipment** |  |
|  | HVAC Equipment Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **6.** | **HVAC Controls** |  |
|  | HVAC Controls Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **7.** | **Economizers** |  |
|  | Economizer Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **8.** | **Lighting Controls** |  |
|  | Lighting Controls Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **9.** | **Service Water Heating** |  |
|  | Service Water Heating Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **10.** | **Systems Manual** |  |
|  | Project documentation, and Systems and O&M Manual, and training completed or scheduled. |  |
| **11.**  . | **Commissioning Report** |  |
|  | Preliminary Commissioning Report submitted to Owner and includes all items required in C408.2.4 |  |
| **Owner/Owner’s Representative Acknowledgement**  I hereby certify that the commissioning provider has provided me with evidence of mechanical, service water heating and lighting systems commissioning in accordance with the 2015/2018 IECC  Name/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner Owner’s Representative  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |