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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 IECCName/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner Owner’s Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |