



PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

### Air Compressor Checklist

<b>Project:</b>	
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<b>Date:</b>	
<b>Compressor tag:</b>	
<b>Building:</b>	
<b>Location:</b>	

#### Submittal / Approvals

**Submittal.** The above equipment and systems integral to them are complete and ready for functional testing. The checklist items are complete and have been checked off only by parties having direct knowledge of the event, as marked below, respective to each responsible contractor. This construction checklist is submitted for approval, subject to an attached list of outstanding items yet to be completed. A Statement of Correction will be submitted upon completion of any outstanding areas. None of the outstanding items preclude safe and reliable functional tests being performed. \_\_\_ **List attached.**

Mechanical Contractor	Date	Controls Contractor	Date
Electrical Contractor	Date		
TAB Contractor	Date	General Contractor	Date

Construction checklist items are to be completed as part of startup and initial checkout, preparatory to functional testing.

- This checklist does not take the place of the manufacturer’s recommended checkout and startup procedures or report.
- If this form is not used for documenting, one of similar rigor shall be used.
- Contractors assigned responsibility for sections of the checklist shall be responsible to see that checklist items by their subcontractors are completed and checked off.

**Approvals.** This filled-out checklist has been reviewed. Its completion is approved with the exceptions noted below.

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Commissioning Authority	Date	Owner's Representative	Date
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Compressor 1 Information					
Make			Model Number		
Serial Number			SCIM	Pressur e	
Volts/Phase		Function		Service Area	
Motor Hp		Motor Eff		RPM	
Comments:					

Compressor 2 Information					
Make			Model Number		
Serial Number			SCIM	Pressur e	
Volts/Phase		Function		Service Area	
Motor Hp		Motor Eff		RPM	
Comments:					

Compressor 3 Information					
Make			Model Number		
Serial Number			SCIM	Pressur e	
Volts/Phase		Function		Service Area	
Motor Hp		Motor Eff		RPM	
Comments:					

Associated Checklists					
Pnuematic Tubing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
BAS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Comments:					



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Empty rectangular box for project information.

Requested documentation submitted	Rec'd	Comments
Manufacturer's cut sheets	<input type="checkbox"/>	
Performance data (pump curves, coil data, etc.)	<input type="checkbox"/>	
Installation and startup manual and plan	<input type="checkbox"/>	
O&M manuals	<input type="checkbox"/>	
Factory test results	<input type="checkbox"/>	
Sequences and control strategies	<input type="checkbox"/>	
Warranty Certificate	<input type="checkbox"/>	
Belt alignment report	<input type="checkbox"/>	
Air Cooled, After cooler, Standard air Filter	<input type="checkbox"/>	
<b>Comments:</b>		

Installation Checks			
Check if Acceptable; Provide comment if unacceptable	NA	Comment	
<b>General</b>			
Installation is per manufacturers instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturers recommended spare parts are provided	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment label permanently affixed	<input type="checkbox"/>	<input type="checkbox"/>	
Compressor lubricated	<input type="checkbox"/>	<input type="checkbox"/>	
Belt properly aligned	<input type="checkbox"/>	<input type="checkbox"/>	
Compressor turns freely	<input type="checkbox"/>	<input type="checkbox"/>	
Drive guard or shield is properly installed	<input type="checkbox"/>	<input type="checkbox"/>	
Compressor foundation is level within manufacturer's tolerances	<input type="checkbox"/>	<input type="checkbox"/>	
Compressor in place and properly anchored	<input type="checkbox"/>	<input type="checkbox"/>	
Shipping blocks removed?	<input type="checkbox"/>	<input type="checkbox"/>	
Vibration isolation devices installed and functional (non-short circuiting)	<input type="checkbox"/>	<input type="checkbox"/>	
Seismic anchoring installed and functional where applicable (non-short circuiting)	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation valves and piping specialties installed	<input type="checkbox"/>	<input type="checkbox"/>	
Hour meter Working?	<input type="checkbox"/>	<input type="checkbox"/>	
Compressor detail checked against the drawings and all devices gages and appurtenances are in place	<input type="checkbox"/>	<input type="checkbox"/>	
Cut-in / Cut-out pressure set? (please record)	<input type="checkbox"/>	<input type="checkbox"/>	



# Construction Management

University of Missouri-Columbia

## Planning, Design & Construction Campus Facilities

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Columbia, MO 65211-3200

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<b>Installation Checks</b>			
<b>Check if Acceptable; Provide comment if unacceptable</b>	<b>NA</b>	<b>Comment</b>	
<b>Electrical and Controls</b>			
Power disconnect is located within site of the unit it controls and labeled	<input type="checkbox"/>	<input type="checkbox"/>	
All electric connections tight	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding installed for components and unit	<input type="checkbox"/>	<input type="checkbox"/>	
Safeties installed and operational	<input type="checkbox"/>	<input type="checkbox"/>	
Starter overload breakers installed and correct size	<input type="checkbox"/>	<input type="checkbox"/>	
All control devices and wiring complete	<input type="checkbox"/>	<input type="checkbox"/>	
Control system interlocks connected and functional	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure alarm switch installed and wired to BAS?	<input type="checkbox"/>	<input type="checkbox"/>	
Proper safeties installed.	<input type="checkbox"/>	<input type="checkbox"/>	
Installation per manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Rotates in the correct direction	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STARTUP</b>			
No Visible sign of Damage to unit	<input type="checkbox"/>	<input type="checkbox"/>	
Pull disconnect and 'lock out' switch	<input type="checkbox"/>	<input type="checkbox"/>	
Check that shipping blocks are removed	<input type="checkbox"/>	<input type="checkbox"/>	
Activate disconnect switch	<input type="checkbox"/>	<input type="checkbox"/>	
Bump for proper rotation of motors	<input type="checkbox"/>	<input type="checkbox"/>	
Close receiver valve and start	<input type="checkbox"/>	<input type="checkbox"/>	
With valve closed let machine come up to pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Check for proper cycling operation	<input type="checkbox"/>	<input type="checkbox"/>	
VFD interlocked to control system	<input type="checkbox"/>	<input type="checkbox"/>	
Open receiver valve	<input type="checkbox"/>	<input type="checkbox"/>	
Stage 1 amps _____ A and Stage 2 amps _____ A	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	



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**Comments:**

\*Fill out all form fields before signing!

Name

Organization

Title

Signature

Univeristy of Missouri Commisioning Authority