



PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

## Ductwork Construction Checklist

Project:	
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Date:	
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Building:	
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Location:	
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### 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	Sheet Metal 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.

Commissioning Authority	Date	Owner's Representative	Date



# Construction Management

University of Missouri-Columbia

## Planning, Design & Construction Campus Facilities

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Requested documentation submitted	Rec'd	Comments
Ductwork Construction Details	<input type="checkbox"/>	
Submittal/Shop Drawing Information	<input type="checkbox"/>	
O&M manuals	<input type="checkbox"/>	
<b>Comments:</b>		

**Note: This form should be completed [ weekly ]**

**[DUCT LEAKAGE TESTING REQUIREMENTS MUST BE COORDINATED WITH CONTRACT DOCUMENTS AND EDITED TO MATCH]**

**Support:** Ductwork is supported properly.

**Seal:** All ductwork openings are sealed with plastic or a metal cap to keep out dust, dirt, and debris.  
All ductwork connections are fastened and sealed with high quality duct sealer.

**Clean:** All ductwork is free of dust, dirt, and debris.

**Conflicts:** Were any conflicts or potential conflicts with the work of other trades discovered?  
If so, describe in section 3.

**Drawings Updated:** The installed system is shown on the as-built drawings.

### 1. Primary (Main) Ductwork Installation

Date	Description of Work Performed/ Drawing Reference	Items (see descriptions above)				Drawings Updated?	Percent Complete	Initial
		Support	Seal	Clean	Conflicts			



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Date	Description of Work Performed/ Drawing Reference	Items (see descriptions above)				Drawings Updated?	Percent Complete	Initial
		Support	Seal	Clean	Conflicts			

## 2. Secondary (Branch) Ductwork Installation

Date	Description of Work Performed/ Drawing Reference	Items (see descriptions above)				Drawings Updated?	Percent Complete	Initial
		Support	Seal	Clean	Conflicts			



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Date	Description of Work Performed/ Drawing Reference	Items (see descriptions above)				Drawings Updated?	Percent Complete	Initial
		Support	Seal	Clean	Conflicts			

### 3. Conflicts (attach sheets as necessary)

Date	Description of Conflict	Suggested Resolution	Resolved

### 4. Pressure Testing (required to document the conditions of the test)

Primary	Secondary
The operating pressure of this system is _____ inches	The operating pressure of this system is _____ inches



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<p>The <u>test pressure</u> of this system is the <u>maximum</u> <u>of</u>:</p> <p>High/Med Pressure Ductwork: 2" + operating pressure = 2" + _____ = _____ inches</p> <p><b>AND</b></p> <p>Low Pressure Ductwork: 1" + operating pressure = 1" + _____ = _____ inches</p> <p>Where high/med pressure is 2" and higher operating pressure and low pressure is under 2."</p>	<p>The <u>test pressure</u> of this system is the <u>maximum</u> <u>of</u>:</p> <p>High/Med Pressure Ductwork: 2" + operating pressure = 2" + _____ = _____ inches</p> <p><b>AND</b></p> <p>Low Pressure Ductwork: 1" + operating pressure = 1" + _____ = _____ inches</p> <p>Where high/med pressure is 2" and higher operating pressure and low pressure is under 2."</p>
<p>The <u>maximum leakage rate</u> is:</p> <p>0.01 x _____ cfm (section air flow rate) = _____ cfm</p>	<p>The <u>maximum leakage rate</u> is:</p> <p>0.01 x _____ cfm (section air flow rate) = _____ cfm</p>



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Complete Table 1 during the actual pressure testing.  
Test 2 is only to be completed if the first test detects excessive leakage.

**Table 1: Leakage and Pressure Readings**

Time (min)	Primary				Secondary			
	Test 1		Test 2		Test 1		Test 2	
	Pressure inches	Leakage cfm	Pressure inches	Leakage cfm	Pressure inches	Leakage cfm	Pressure inches	Leakage cfm
Begin								
1								
2								
3								
5								
7								
10								
End								

Required Test Pressure (from previous page):

Primary: \_\_\_\_\_ inches

Secondary: \_\_\_\_\_ inches

Maximum allowable leakage rate (from previous page):

Primary: \_\_\_\_\_ cfm

Secondary: \_\_\_\_\_ cfm

### Primary

Test 1:

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Test 2:

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

### Secondary

Test 1:

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Test 2:

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_



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\_\_\_\_\_

### 5. Calibration Information

Data on the unit used to measure the leakage of air needs to be recorded to document its calibration and accuracy information if questions arise after the testing. The accuracy of the unit should be **[+/- 7.5%]** of expected leakage rate (for example if the leakage rate is not to exceed 200 cfm, then the unit must have an accuracy of 15 cfm).

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Range: \_\_\_\_\_

Accuracy: \_\_\_\_\_

Last calibration date: \_\_\_\_\_ (include copy of calibration report)

**\*Fill out all form fields before signing!**

Name	Organization	Title	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
University of Missouri Commissioning Authority



(Place Digital Locking Stamp Here)