



PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

## Panel Construction Checklist

Project:	
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Date:	
Building:	
Location:	

### 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.**

Electrical Contractor	Date	General Contractor	Date

Construction checklist items are to be completed as part of startup & initial checkout, preparatory to performing test procedures.

- 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

117 General Services Building  
Columbia, MO 65211-3200

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### Panel Schedule (Add as required)

Panel Information			
<b>Panel Tag</b>		<b>Panel Location</b>	
<b>System</b> (Circle one)	Power or Lighting	208-120 or 480-277	Normal or Emergency
<b>Manufacturer</b>		<b>Model Number</b>	
<b>Serial Number</b>		<b>Short Circuit Capacity</b>	
<b>Volts/Phase Rating</b>		<b>Amperage Rating</b>	
<b>Service Area</b>			
<b>Comments:</b>			

Associated Checklists					
<b>Grounding</b>	<input type="checkbox"/>	<b>Lighting</b>	<input type="checkbox"/>	<b>Low Voltage Transformer</b>	<input type="checkbox"/>
<b>Low Voltage MCC</b>	<input type="checkbox"/>	<b>Low Voltage Switchgear</b>	<input type="checkbox"/>	<b>Unit Substation</b>	<input type="checkbox"/>
<b>Unit Substation Transformer</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
<b>Comments:</b>					

Requested documentation submitted	Rec'd	Comments
Manufacturer's cut sheets	<input type="checkbox"/>	
Installation and startup manual and plan	<input type="checkbox"/>	
O&M manuals	<input type="checkbox"/>	
Sequences and control strategies	<input type="checkbox"/>	
Warranty Certificate	<input type="checkbox"/>	
<b>Comments:</b>		

Distribution Panel Enclosure/Cabinetry		
Check if Acceptable; Provide comment if unacceptable	NA	Comment
Equipment installed per manufacturer's instructions and specifications	<input type="checkbox"/>	<input type="checkbox"/>



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Equipment installed agrees with shop drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Verify mounting, location and clearances are per plans and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect for physical, electrical and mechanical condition of equipment and cabinet - no damage evident	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect panels and doors for proper fit and alignment	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment labels permanently affixed	<input type="checkbox"/>	<input type="checkbox"/>	
Panel is clean and clear of dust or dirt	<input type="checkbox"/>	<input type="checkbox"/>	
Verify the application of manufacturer recommended torque values applied to bolted connections	<input type="checkbox"/>	<input type="checkbox"/>	
Verify correct circuit breaker sizes and types per the specifications and manufacturer's drawings	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect insulators, barriers and shields for damage or contamination	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that ground bus is properly bonded to enclosure, enclosure is grounded and resistance to ground meets grounding specifications.	<input type="checkbox"/>	<input type="checkbox"/>	
Neutral bus isolated from cabinet	<input type="checkbox"/>	<input type="checkbox"/>	
Megger test of bus – phase to phase and phase to ground. Test voltage per manufacturer's recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Circuit Breakers 208/120 VAC Panels</b>			
Installed per manufacturer's instructions, plans and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
No physical damage	<input type="checkbox"/>	<input type="checkbox"/>	
Verify voltage and current rating of circuit breaker are per plans and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Verify breakers are mounted securely and operates smoothly	<input type="checkbox"/>	<input type="checkbox"/>	
Verify wire is properly installed and suitable size for breaker	<input type="checkbox"/>	<input type="checkbox"/>	
Check cell fit and element alignment	<input type="checkbox"/>	<input type="checkbox"/>	
Check racking mechanism	<input type="checkbox"/>	<input type="checkbox"/>	

Operational Checks			
Check if Acceptable; Provide comment if unacceptable		NA	Comment
Specified sequences of operation and operating schedules have been provided with all variations documented	<input type="checkbox"/>	<input type="checkbox"/>	
Specified point-to-point checks have been completed and documentation record submitted for this system	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



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

Name	Organization	Title	Signature

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

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