



PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

## Emergency Generator 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.**

Mechanical Contractor	Date	Controls Contractor	Date
Electrical Contractor	Date	Sheet Metal Contractor	Date
TAB 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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Generator Information			
Equipment Tag		Location	
System		Service Area	
Manufacturer		Model Number	
Serial Number		Capacity	
Volts/Phase Rating		Fuel Type	
Other		Other	
Comments:			

Associated Checklists					
Automatic Transfer Switch	<input type="checkbox"/>	Panel	<input type="checkbox"/>	Other	<input type="checkbox"/>
Comments:					

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"/>	
Factory test results	<input type="checkbox"/>	
Sequences and control strategies	<input type="checkbox"/>	
Warranty Certificate	<input type="checkbox"/>	
Comments:		

Installation Checks		
Check if Acceptable; Provide comment if unacceptable	NA	Comment



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General			
Equipment installed per manufacturer's instructions and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Verify the application of manufacturer recommended torque values applied to all electrical power terminations	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment is clean and clear of dust or dirt	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment labels permanently affixed	<input type="checkbox"/>	<input type="checkbox"/>	
Seismic anchoring installed and functional where applicable (non-short circuiting)	<input type="checkbox"/>	<input type="checkbox"/>	
Verify remote monitoring / control panel installed per specification	<input type="checkbox"/>	<input type="checkbox"/>	
Verify interconnection to other systems complete	<input type="checkbox"/>	<input type="checkbox"/>	
Verify neutral low resistance grounding resistor installed and connector per plans, specifications and manufacturer's recommendations (for 5kV and above rated generators)	<input type="checkbox"/>	<input type="checkbox"/>	
Verify fuel spill containment systems installed per plans and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Verify motor / generator alignment	<input type="checkbox"/>	<input type="checkbox"/>	
Verify gen set is anchored and grouted	<input type="checkbox"/>	<input type="checkbox"/>	
Verify all fuel line connections	<input type="checkbox"/>	<input type="checkbox"/>	
Verify generator starting system installed per plans, specifications and manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Verify muffler / exhaust system is installed per plan, specifications and manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Check diesel engine crankcase oil level	<input type="checkbox"/>	<input type="checkbox"/>	
Check diesel engine coolant level	<input type="checkbox"/>	<input type="checkbox"/>	
Check diesel engine drive belts	<input type="checkbox"/>	<input type="checkbox"/>	
Check air filter	<input type="checkbox"/>	<input type="checkbox"/>	
Check oil filter	<input type="checkbox"/>	<input type="checkbox"/>	
Check battery	<input type="checkbox"/>	<input type="checkbox"/>	
Check block heater (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Verify intake and relief louvers provided per documents	<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"/>	



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Specified point-to-point checks have been completed and documentation record submitted for this system	<input type="checkbox"/>	<input type="checkbox"/>	
Generator control panel powered, interconnection diagnostics performed	<input type="checkbox"/>	<input type="checkbox"/>	
Multi-generator control / synchronizing control system installed, powered and diagnostics performed	<input type="checkbox"/>	<input type="checkbox"/>	

### Sensor and Actuator Calibration

All field-installed sensors and gages, and all actuators (dampers and valves) on this piece of equipment shall be calibrated in accordance with Specification Section 01810. All test instruments shall have had a certified calibration within the last 12 months: **Y/N** \_\_\_\_\_. Sensors installed *in* the unit at the factory with calibration certification provided need not be field calibrated.

Sensor or Actuator Tag & Location	Location OK	1 <sup>st</sup> Gage or BAS Value	Instrument Measured Value	Final Gage or BAS Value	Pass Y / N

Comments:



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

Name	Organization	Title	Signature

University of Missouri Commissioning Authority

(Place Digital Locking Stamp Here)