



PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

GROUNDING CHECKLIST

Grounding System Construction Checklist

Project:	
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



PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

GROUNDING CHECKLIST

Associated Checklists					
Panels	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Low Voltage Transformer	<input type="checkbox"/>
Low Voltage MCC	<input type="checkbox"/>	Low Voltage Switchgear	<input type="checkbox"/>	Unit Substation	<input type="checkbox"/>
Unit Substat'n Xfmr	<input type="checkbox"/>	Other	<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"/>	
Sequences and control strategies	<input type="checkbox"/>	
Warranty Certificate	<input type="checkbox"/>	
Comments:		

Installation Checks			
Check if Acceptable; Provide comment if unacceptable	NA	Comment	
Grounding			
Size and type of grounding and bonding conductors are in accordance with the drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding electrodes have been installed in accordance with drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Connections to grounding electrodes have been made in accordance with manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding conductors have been routed in accordance with the drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding conductors have been properly terminated at the service equipment or separately derived source. Bonding conductors have been installed as required	<input type="checkbox"/>	<input type="checkbox"/>	
Resistance of the grounding system has been measured and recorded. Provide method of measurement.	<input type="checkbox"/>	<input type="checkbox"/>	
Test wells are accessible and clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	



Construction Management

University of Missouri-Columbia

Planning, Design & Construction Campus Facilities

117 General Services Building
Columbia, MO 65211-3200

PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

GROUNDING CHECKLIST

Date:

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:

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

Name	Organization	Title	Signature

University of Missouri Commissioning Authority



(Place Digital Locking Stamp Here)