

Planning, Design & Construction Campus Facilities

117 General Services Building Columbia, MO 65211-3200

PHONE (573) 882-1133 FAX (573) 882-1175 **Date**:

Low Voltage Motor Control Center 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 <u>only by parties having direct knowledge of the event</u> , 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 A	Authority	Date	Owner's Representative	Date				



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MCC Information **Equipment Tag** Location **System Service Area** Manufacturer **Model Number Serial Number Short Circuit Capacity Volts/Phase Rating** Main Bus Amperage Other Other Comments: **Associated Checklists Unit Substation** Other Other Comments: Requested documentation submitted Rec'd **Comments** Manufacturer's cut sheets Installation and startup manual and plan **O&M** manuals Factory test results Sequences and control strategies Warranty Certificate Comments: MCC Enclosure/Cabinetry Check if Acceptable; Provide comment if unacceptable NA Comment Equipment installed per manufacturer's instructions and specifications Equipment installed agrees with shop drawings and specifications Verify mounting, location and clearances are per plans and

specifications



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Inspect for physical, electrical and mechanical condition of equipment and cabinet - no damage evident			
Inspect panels and doors for proper fit and alignment			
Equipment labels permanently affixed			
Panel is clean and clear of dust or dirt			
Verify the application of manufacturer recommended torque values applied to bolted connections			
Verify correct circuit breaker sizes and types per the specifications and manufacturer's drawings			
Seismic anchoring installed and functional where applicable (non-short circuiting)			
Verify that all manufacturer control wiring between shipping splits is properly connected per manufacturer's drawings and specifications			
Inspect insulators, barriers and shields for damage or contamination			
Verify that ground bus is properly bonded to enclosure, enclosure is grounded and resistance to ground meets grounding specifications			
Verify three or four wire configuration			
Neutral bus isolated from cabinet			
Verify that bottom feed conduits align with appropriate openings in MCC and can accommodate seismic motion			
Verify that MCC is properly grounded and resistance to ground meets grounding specifications			
Metering (if provided) matches specified			
Verify the vents and air inlets are free and unobstructed. Clean air filters installed (if required)			
Megger test of bus – phase to phase and phase to ground. Test voltage per manufacturer's recommendations			
Main Circuit Breaker (if	provi	ided)	
Installed per manufacturer's instructions, plans and specifications			
Verify all maintenance and service clearances are maintained			
Verify no physical damage			
Verify voltage and current rating of circuit breaker are per plans and specifications			
Confirm correct application of manufacturer's recommended lubricant			
Verify that primary and secondary contact wipe dimensions are correct			
Verify breakers are mounted securely and operates smoothly			
Verify wire is properly installed and suitable size for breaker			
Check cell fit and element alignment			
Check racking mechanism			



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Megger test of circuit breaker – phase to phase and phase to ground. Test voltage per manufacturer's recommendations								
Inspect shutter operation								
Verify that vacuum contact wipe dimensions are correct								
Feeder Circuit Breakers								
Installed per manufacturer's instructions, plans and specifications								
Verify all maintenance and service clearances are maintained								
Verify no physical damage								
Verify voltage and current rating of circuit breaker are per plans and specifications								
Confirm correct application of manufacturer's recommended lubricant								
Verify that primary and secondary contact wipe dimensions are correct								
Verify breakers are mounted securely and operates smoothly								
Verify wire is properly installed and suitable size for breaker								
Check cell fit and element alignment								
Check racking mechanism								
Megger test of circuit breaker – phase to phase and phase to ground. Test voltage per manufacturer's recommendations								
Inspect shutter operation								
Verify that vacuum contact wipe dimensions are correct								
Motor Starters	-	_						
Installed per manufacturer's instructions, plans and specifications		Ц						
Verify voltage and current rating of Motor Circuit Protectors (MCP's) are per plans and specifications		Ш						
Verify motor starter sizes (NEMA) are per plans and specifications	Ш	Ш						
Operational Checks Check if Acceptable; Provide comment if unacceptable NA Comment								
Check if Acceptable; Provide comment if unacceptable			Comment					
Verify proper phasing (A, B, C)		片						
Specified sequences of operation and operating schedules have been provided with all variations documented								
Specified point-to-point checks have been completed and documentation record submitted for this system								
r								
Comments:								



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*Fill out all fo	orm fields before signing!		
Name	Organization	Title	Signature
	University of Missouri Comr	missioning Authority	
	omversity or image are comm		
			(Place Digital Locking Stamp Here)