

Planning, Design & Construction Campus Facilities

117 General Services Building Columbia, MO 65211-3200

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

Nurse Call 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 <u>only by parties having direct</u> <u>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 Authority	Date	Owner's Representative	Date





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System Schedule (Add as required)

System Information			
Panel Tag	Panel Location		
System	Service Area		
Manufacturer	Model Number		
Serial Number	Capacity		
Volts/Phase Rating	Starter Model		
Other	Other		
Comments:	I		

Associated Checklists						
Panels		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:		

Distribution Panel 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				





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Verify mounting, location and clearances are per plans and specifications					
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 or confirm 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)					
Inspect insulators, barriers and shields for damage or contamination					
Neutral bus isolated from cabinet					
Verify that ground bus is properly bonded to enclosure, enclosure is grounded and resistance to ground meets grounding specifications.					
Megger test of bus – phase to phase and phase to ground. Test voltage per manufacturer's recommendations.					
Batteries	•	•			
Installed per drawings and specifications					
No corrosion or leakage					
Verified tightness of all connections					
Electrolyte level is correct (where applicable)					
Terminations torqued per manufacturer's recommendations					
Control Panel(s) / Consoles & An	nunc	iator	panels		
Mounted in accordance with plans, specifications and manufacturer's instructions					
Adequate service access provided					
Power supply connected					
Communications interface/interconnect terminated per manufacturer's instructions					
Panel grounded in accordance with manufacturer's instructions and code					
Communications interconnect installed and terminated per manufactures instructions					
Power supply disconnect installed per drawings and specifications					
Field Devices					
(corridor lamps, room controllers, zone lamps, emergency push button stations, pull cord stations, and single call pushbutton stations).					





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Conduit and wire installed per plans and specifications	
Wiring terminated and checked	
Color palate per plans and specifications	





Project:

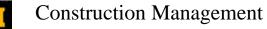
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Operational Chec	ks					
Check if Acceptable; Provide comment if unacceptable			Comment			
Specified sequences of operation and operating schedules have been provided with all variations documented						
Specified point-to-point checks have been completed and documentation record submitted for this system						
Battery						
Apply power and verify battery charging						
With charger disconnected, verify open circuit voltage of charged batteries						
Control Panel(s) / Consoles & A	nnund	ciator	panels			
Power energized						
Processor diagnostics performed						
Power Supply						
Energized and voltages correct						
Field Devices						
(corridor lamps, room controllers, zone lamps, emergency push button stations, pull cord stations, and single call pushbutton stations).						
Control power energized						
Verify no stray voltages between installed conductors or between installed conductors and ground						

Comments:





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

*Fill out all form fields before signing!

Name	Organization T	ītle	Signature
	University of Missouri Commissionin	<u>ng Authority</u>	

(Place Digital Locking Stamp Here)