



Project:

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 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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### 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:			

Associated Checklists			
Panels	<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:		

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



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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 or confirm 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"/>	
Seismic anchoring installed and functional where applicable (non-short circuiting)	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect insulators, barriers and shields for damage or contamination	<input type="checkbox"/>	<input type="checkbox"/>	
Neutral bus isolated from cabinet	<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"/>	
Megger test of bus – phase to phase and phase to ground. Test voltage per manufacturer's recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Batteries</b>			
Installed per drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
No corrosion or leakage	<input type="checkbox"/>	<input type="checkbox"/>	
Verified tightness of all connections	<input type="checkbox"/>	<input type="checkbox"/>	
Electrolyte level is correct (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Terminations torqued per manufacturer's recommendations	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Control Panel(s) / Consoles &amp; Annunciator panels</b>			
Mounted in accordance with plans, specifications and manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate service access provided	<input type="checkbox"/>	<input type="checkbox"/>	
Power supply connected	<input type="checkbox"/>	<input type="checkbox"/>	
Communications interface/interconnect terminated per manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Panel grounded in accordance with manufacturer's instructions and code	<input type="checkbox"/>	<input type="checkbox"/>	
Communications interconnect installed and terminated per manufactures instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Power supply disconnect installed per drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Field Devices</b>			
(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	<input type="checkbox"/>	<input type="checkbox"/>	
Wiring terminated and checked	<input type="checkbox"/>	<input type="checkbox"/>	
Color palate per plans and specifications	<input type="checkbox"/>	<input type="checkbox"/>	



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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"/>	
<b>Battery</b>			
Apply power and verify battery charging	<input type="checkbox"/>	<input type="checkbox"/>	
With charger disconnected, verify open circuit voltage of charged batteries	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Control Panel(s) / Consoles &amp; Annunciator panels</b>			
Power energized	<input type="checkbox"/>	<input type="checkbox"/>	
Processor diagnostics performed	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Power Supply</b>			
Energized and voltages correct	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Field Devices</b> (corridor lamps, room controllers, zone lamps, emergency push button stations, pull cord stations, and single call pushbutton stations).			
Control power energized	<input type="checkbox"/>	<input type="checkbox"/>	
Verify no stray voltages between installed conductors or between installed conductors and ground	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments:**



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

Name	Organization	Title	Signature
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University of Missouri Commissioning Authority



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