



Project:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

## Unit Substation Transformer Construction Checklist (under 500 kVA)

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.**

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

Project:

## **Planning, Design & Construction Campus Facilities**

117 General Services Building  
Columbia, MO 65211-3200

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Transformer Information			
<b>Equipment Tag</b>		<b>Location</b>	
<b>System</b> (Check one)	Power <b>or</b> Lighting	208-120 <b>or</b> 480-277	Normal <b>or</b> Emergency
<b>Manufacturer</b>		<b>Model Number</b>	
<b>Serial Number</b>		<b>Short Circuit Capacity</b>	
<b>Prim Volt Rating</b>		<b>Second Volt Rating</b>	
<b>BIL Ratings HV/LV</b>		<b>Main Bus Amperage</b>	
<b>Service Area</b>		<b>kVA Rating</b>	
<b>Comments:</b>			

Associated Checklists			
<b>Unit Substation</b>	<input type="checkbox"/>	<b>Switchgear</b>	<input type="checkbox"/>
		<b>Other</b>	<input type="checkbox"/>
<b>Comments:</b>			

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"/>	
<b>Comments:</b>		

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



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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"/>	
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 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"/>	
Verify that all manufacturer control wiring between shipping splits is properly connected per manufacturer's drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect insulators, barriers and shields for damage or contamination	<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"/>	
Neutral bus isolated from cabinet	<input type="checkbox"/>	<input type="checkbox"/>	
Verify three or four wire configuration	<input type="checkbox"/>	<input type="checkbox"/>	
Metering transformer nameplate matches specified and approved transformer	<input type="checkbox"/>	<input type="checkbox"/>	
Transformer installed per manufacturer's instruction, plans and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect metering transformer cables and connections for defects or physical damage	<input type="checkbox"/>	<input type="checkbox"/>	
Verify metering transformer connections are correct per the single line	<input type="checkbox"/>	<input type="checkbox"/>	
Verify all grounding and shorting connections for the metering transformer are in place	<input type="checkbox"/>	<input type="checkbox"/>	
Verify correct fusing for the metering transformer primary and secondary	<input type="checkbox"/>	<input type="checkbox"/>	
Verify the metering transformer taps are in accordance with the manufacturer's nameplate and specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Verify the vents and air inlets are free and unobstructed. Clean air filters installed (if required)	<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"/>	
Hi-potential test of bus – phase to phase and phase to ground. Test voltage per manufacturer's recommendations	<input type="checkbox"/>	<input type="checkbox"/>	

**Operational Checks**



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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"/>	
Verify all incoming cables are terminated and "ABC" phasing is correct. Terminations are torqued, checked, stress cones are properly grounded and exposed energized surfaces are insulated	<input type="checkbox"/>	<input type="checkbox"/>	



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### 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:**

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

<b>Name</b>	<b>Organization</b>	<b>Title</b>	<b>Signature</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

University of Missouri Commissioning Authority



(Place Digital Locking Stamp Here)