



PROJECT:

PHONE (573) 882-1133

FAX (573) 882-1175

Date:

### Water Softener Checklist

<b>Project:</b>	
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<b>Date:</b>	
<b>Water Softener Tag:</b>	
<b>Building:</b>	
<b>Location:</b>	

#### 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.**

Mechanical Contractor	Date	Controls Contractor	Date
Electrical Contractor	Date	Sheet Metal Contractor	Date
TAB Contractor	Date	General Contractor	Date

Construction checklist items are to be completed as part of startup and initial checkout, preparatory to functional testing.

- 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.

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Commissioning Authority	Date	Owner's Representative	Date
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Water Softener 1 Information					
Make			Model Number		
Serial Number			Capacity	GPM	
Volts/Phase		Salt		Resin	
Comments:					

Water Softener 2 Information					
Make			Model Number		
Serial Number			Capacity	GPM	
Volts/Phase		Salt		Resin	
Comments:					

Associated Checklists					
Domestic Water Pump	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Comments:					

Requested documentation submitted	Rec'd	Comments
Manufacturer's cut sheets	<input type="checkbox"/>	
Performance data (pump curves, coil data, etc.)	<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:		



Construction Management

University of Missouri-Columbia

Planning, Design & Construction  
Campus Facilities

117 General Services Building  
Columbia, MO 65211-3200

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Installation Checks			
Check if Acceptable; Provide comment if unacceptable	NA	Comment	
<b>General</b>			
General appearance good, no apparent damage	<input type="checkbox"/>	<input type="checkbox"/>	
Proper vibration isolators installed and adjusted	<input type="checkbox"/>	<input type="checkbox"/>	
Pipe fittings and accessories complete	<input type="checkbox"/>	<input type="checkbox"/>	
No Leaks apparent	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic water system flushing complete	<input type="checkbox"/>	<input type="checkbox"/>	
Flow switch installed and working as required	<input type="checkbox"/>	<input type="checkbox"/>	
Air Purged from lines and tanks	<input type="checkbox"/>	<input type="checkbox"/>	
Lubricated as required	<input type="checkbox"/>	<input type="checkbox"/>	
Salt added AMOUNT	<input type="checkbox"/>	<input type="checkbox"/>	
Faucet Run Until Clear	<input type="checkbox"/>	<input type="checkbox"/>	
Regeneration tested and functional	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Piping</b>			
Piping installation checked against the drawings and all devices gages and appurtenances are in place	<input type="checkbox"/>	<input type="checkbox"/>	
Piping supported independently of the water softener	<input type="checkbox"/>	<input type="checkbox"/>	
Piping type and flow direction labeled on piping	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation valves and piping specialties installed	<input type="checkbox"/>	<input type="checkbox"/>	
System flushing complete	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Electrical and Controls</b>			
Power Outlet located within reach of cords	<input type="checkbox"/>	<input type="checkbox"/>	
All electric connections tight			
Grounding installed for components and unit	<input type="checkbox"/>	<input type="checkbox"/>	
Safeties installed and operational	<input type="checkbox"/>	<input type="checkbox"/>	
All control wiring complete	<input type="checkbox"/>	<input type="checkbox"/>	
Timer programmed and operating	<input type="checkbox"/>	<input type="checkbox"/>	
Time set for regeneration? A.M./P.M.	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Startup report completed with this checklist attached. (Includes full listing of all internal settings)	<input type="checkbox"/>	<input type="checkbox"/>	



# Construction Management

University of Missouri-Columbia

## Planning, Design & Construction Campus Facilities

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Date:

Installation Checks			
Check if Acceptable; Provide comment if unacceptable		NA	Comment
Startup report includes written certification from water softener manufacturer that all specified features, controls and safeties have been installed and are functioning properly and that the installation and application comply with the manufacturer's recommendations	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

### Calibration

All Calibration completed as required? Yes/No

**Comments:**

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

Name	Organization	Title	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

University of Missouri Commissioning Authority



(Place Digital Locking Stamp Here)