	INSPECTION FORM TRANSFORMER, DRY TYPE, LOW VOLTAGE		Page 1 of 2
			ID:
Project	Facility:	Project Name:	
	Area :	Bid Opportunity:	

Transformer Data	KVA:	Phase:	Primary Voltage:	V	Secondary Voltage:	V	
	Manufacturer:		Type:	Serial Number:			
	Primary Winding:	<input type="checkbox"/> Δ <input type="checkbox"/> YG <input type="checkbox"/> Y <input type="checkbox"/> Other:	Secondary Winding:	<input type="checkbox"/> Δ <input type="checkbox"/> YG <input type="checkbox"/> Y <input type="checkbox"/> Other:			
	Winding Material:	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	Impedance:	%Z	Temp Rise:	°C	K Factor:
	No Load Tap Changer	Tap Voltage	1	2	3	4	5

Visual Inspection / Cleaning	Transformer Identification Tag Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bushings:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Support Insulators:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Paint:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	No Load Tap Changer:	<input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Fans:	<input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Fan Controls:	<input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Temp. Gauge:	<input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Connections:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Ground Connection:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Neutral Bonded to Ground:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleanliness (As Found):	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned:	<input type="checkbox"/> Yes	Photograph Taken:

Operational Inspection	Operational Conditions / Notes:							
	Primary Voltage:	H1:H2:	V	H2:H3:	V	H3:H1:	V	Measured at:
	Secondary Voltage:	X1:___:	V	X2:___:	V	X3:___:	V	Measured at:
	Current:	Ph A:	A	Ph B:	A	Ph C:	A	Measured at:
	Tap Setting:	<input type="checkbox"/> Appears Satisfactory <input type="checkbox"/> Further Monitoring Recommended. <input type="checkbox"/> Recommend Changing Tap.			Tap Setting (As Left):			
Thermographic Inspection Performed:	<input type="checkbox"/> Yes	Attach report separately	Results:	<input type="checkbox"/> No Issues Found <input type="checkbox"/> Potential Issue Identified.				

Insulation Resistance	Winding	Test Voltage (Vdc)	Resistance (MΩ)		Dielectric Absorption Ratio 60s/30s
			30 sec	60 sec.	
	Primary to Ground, Secondary Guarded				
	Secondary to Ground, Primary Guarded				
	Primary to Secondary, Ground Guarded				



**INSPECTION FORM
TRANSFORMER, DRY TYPE, LOW VOLTAGE**


Page 2 of 2

ID:

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	COMMISSIONING FORM		Page 1 of 2
	CUSTOMER SERVICE TERMINATION END		Equipment Tag:
Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.


Project Contact	General Contractor:	Project Manager:
	Consultant:	Contract Administrator:
	City of Winnipeg	Consulting Project Manager:

CSTE Location & Data	CSTE Downstream Load:		Equipment No.	Location:
	Drawings:	Single Line:	Grounding:	Site Plan:
	CSTE:	Manufacturer:	Model:	Serial #:
		Mounting Type: <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Metering Type: <input type="checkbox"/> CTs & PTs w/ Meter <input type="checkbox"/> Meter Only	Remote Enclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Rated Current: A	Rated Voltage: VAC	Phases: <input type="checkbox"/> 1-Ph <input type="checkbox"/> 3-Ph
	Main Disconnect Type:	<input type="checkbox"/> Breaker	Rating: A	Inst. Setting: A
<input type="checkbox"/> Switch		Model:		
<input type="checkbox"/> N/A				

Service Size & CSTE Cabling	Service Size: kVA	Voltage: VAC	Rated Service Current: A	Service Transformer: <input type="checkbox"/> Pole <input type="checkbox"/> Padmount
	CSTE Load Side Cabling Size and Type: (ie 2 x 4C, 350 kcmil Teck90)		CSTE Load Side Cabling: <input type="checkbox"/> Bottom <input type="checkbox"/> Side / Rear	CSTE Downstream Load:
	CSTE Load Side Cable Rating: Table	A (CEC C22.1) Diagram: Detail:		CSTE Ground Cable Size & Type:

Visual Inspection / Cleaning	CSTE Lamacoid Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Power Cables Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phases Labelled Inside Enclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Power Cable Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Main Disconnect: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Service Entrance Enclosure: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Ground Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Bus Bars and Insulators: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Exercised Circuit Breaker / Disconnect: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Cleaned: <input type="checkbox"/> Yes
	Photograph Taken: <input type="checkbox"/> Yes	
Comments:		

Resistance Measurements	Test	Resistance ($\mu\Omega$)			Test Summary
		Phase A	Phase B	Phase C	
	Interior Bus Bar / Cabling				<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Breaker / Disconnect				
Comments:					

	COMMISSIONING FORM		Page 2 of 2
	CUSTOMER SERVICE TERMINATION END		Equipment Tag:
Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.


Insulation Resistance Test	Test Preparation: Setup: Source: <input type="checkbox"/> Isolated <input type="checkbox"/> Open Contactor: <input type="checkbox"/> Open Cable Destination / Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load <input type="checkbox"/> Isolated Note: Approval of City's Representative is required, prior to leaving cables connected during the test.																														
	WARNING: DISCONNECT ALL POWER CABLES FROM VFD MODULE AND CAPACITORS, AND DISCONNECT ALL CONTROL POWER FUSES PRIOR TO TEST.																														
	<table border="1"> <thead> <tr> <th rowspan="2">Test</th> <th rowspan="2">Voltage</th> <th colspan="3">Insulation Resistance (MΩ)</th> <th rowspan="2">Ground all phases not under test!</th> </tr> <tr> <th>Phase A</th> <th>Phase B</th> <th>Phase C</th> </tr> </thead> <tbody> <tr> <td>Interior Bus Bar / Cabling to Ground</td> <td>1000 VDC</td> <td></td> <td></td> <td></td> <td rowspan="4"> Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed </td> </tr> <tr> <td>Main Disconnect Line to Ground</td> <td>1000 VDC</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Main Disconnect Load to Ground</td> <td>1000 VDC</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Main Disconnect Line to Load</td> <td>1000 VDC</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Test	Voltage	Insulation Resistance (MΩ)			Ground all phases not under test!	Phase A	Phase B	Phase C	Interior Bus Bar / Cabling to Ground	1000 VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed	Main Disconnect Line to Ground	1000 VDC				Main Disconnect Load to Ground	1000 VDC				Main Disconnect Line to Load	1000 VDC			
	Test			Voltage	Insulation Resistance (MΩ)			Ground all phases not under test!																							
		Phase A	Phase B		Phase C																										
	Interior Bus Bar / Cabling to Ground	1000 VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed																									
Main Disconnect Line to Ground	1000 VDC																														
Main Disconnect Load to Ground	1000 VDC																														
Main Disconnect Line to Load	1000 VDC																														
Comments:																															

Breaker Settings	Adjust Settings to Match Single Line Diagram	Comments:
	Settings Applied to Breaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Single Line Diagram:	

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	COMMISSIONING FORM EMERGENCY LIGHTING			Page 1 of 2	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RPF No.	Tender No.	


Project Contact	General Contractor:		Project Manager:		
	Consultant:		Contract Administrator:		
	City of Winnipeg		Consulting Project Manager:		

Emergency Lighting Location & Data	Battery Bank Location:		Battery Bank Equipment No.		Panel Feed: Circuit No.		Control Panel No.		Applicable Drawings:		
	Battery Bank:		Manufacturer:			Catalog No.			Serial #:		
			Input Voltage: VAC		Output Voltage: VDC		Wattage: W		Internal Lamp Qty:		
	Remote Fixtures:		Manufacturer:			Catalog No.			Remote Fixtures Qty:		
			Input Voltage: VDC		Input Current: A		Lamp Wattage: W		Fixture Lamp Qty:		
			Installed Locations:								

Visual Inspection / Cleaning	Identification Lamacoids Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No				Lamps Properly Aimed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Visual Signs of Moisture: <input type="checkbox"/> Yes <input type="checkbox"/> No				All Lamps Properly Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Dry Well Remote Fixtures Moisture Proof Rated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Valve Chamber Remote Fixtures Moisture Proof Rated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Wet Well Remote Fixtures Explosion Proof Rated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Comminutor Chamber Remote Fixtures Explosion Proof Rated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor				Cable Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Ground Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor				Connections Properly Sealed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No				Equipment Cleaned: <input type="checkbox"/> Yes		Photograph Taken: <input type="checkbox"/> Yes	
	Comments:							

Battery Testing	Battery Bank Temperature Before Starting Testing: °C		Battery Bank Temperature After Testing Completed: °C		Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive <input type="checkbox"/> Further Investigation Required <input type="checkbox"/> Test Failed	
	Battery Voltage at Start of Testing: V					
	Battery Backup Design Time (from Drawing): minutes minimum					
	Time Until All Emergency Lights Turn Off: minutes					
	Measured Battery Bank Current Draw During Testing: A					
	Time to Fully Recharge Battery After Testing: minutes					
	Comments:					


Operational Testing	Emergency Lights Turn On and Off Automatically in Normal Mode: <input type="checkbox"/> Yes <input type="checkbox"/> No				Emergency Lights Turn On in Test Mode: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Operating Modes	<i>Mode Description</i>			<i>Emergency Lights On</i>		<i>Time For Emergency Lights to Turn On</i>	
		Normal Mode – Normal Station Operation			No		N/A	
		Normal Mode – Battery Bank Power Supply Failure			<input type="checkbox"/> Yes <input type="checkbox"/> No		sec	
		Normal Mode – Individual Normal Lighting Circuits Fail			<input type="checkbox"/> Yes <input type="checkbox"/> No		sec	
		Test Mode			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		sec	
Comments:								

		COMMISSIONING FORM EMERGENCY LIGHTING		Page 2 of 2
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		RPF No.	Tender No.

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	COMMISSIONING FORM HVAC CONTROLLER			Page 1 of 3	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RPF No.	Tender No.	

Project Contact	General Contractor:		Project Manager:		
	Consultant:		Contract Administrator:		
	City of Winnipeg		Consulting Project Manager:		

Controller Location & Data	HVAC Controller Location:		Equipment No.		HVAC Control Panel Equip. No. <input type="checkbox"/> N/A		
	Drawings:	HVAC P&ID:		Control Panel:		Dampers Loop:	
	Controlled Dampers:	Supply Damper Equipment No. <input type="checkbox"/> N/A	Return Damper Equipment No. <input type="checkbox"/> N/A	Exhaust Damper Equipment No. <input type="checkbox"/> N/A			
	Controlled Heaters:	Heater No. <input type="checkbox"/> N/A	Heater No. <input type="checkbox"/> N/A	Heater No. <input type="checkbox"/> N/A			
	HVAC Controller:	Manufacturer:		Catalog No.		Serial #:	
		Power Rating:	Power Supply:	VAC	Current Rating:	A	Control Voltage: VAC
	Control Power Transformer:	Size: VA	Secondary Voltage: V	Primary Fuse: A	Secondary Fuse: A		

Visual Inspection / Cleaning	HVAC Controller Lamacoid Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Power Cables Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No		Control Cables Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Power Cable Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Fully Functioning Controller: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Controller Properly Mounted: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Controller Fully Programmed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		All Inputs & Outputs Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Equipment Cleaned: <input type="checkbox"/> Yes		Photograph Taken: <input type="checkbox"/> Yes	
	Comments:					

Operational Testing	Station Occupied Light Switch Activates High Ventilation Rate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Comments:		
	High Outdoor Temperature Activates High Ventilation Rate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	High Gas Detection Activates High Ventilation Rate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Controller Changes From High Ventilation Rate to Low Ventilation Rate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Controller Defaults to Low Ventilation Rate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Operating Modes	<i>Mode Description</i>	<i>Supply Damper Open (0 – 100%)</i>	<i>Return Damper Open (0 – 100%)</i>	<i>Exhaust Damper Open (0 – 100%)</i>	
High Ventilation Rate		% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A		
Low Ventilation Rate		% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A		

Controller Settings	Program HVAC Controller Settings to Match Setting Letter.		Comments:			
	Settings Applied to Controller: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	HVAC Controller Setting Letter File:					



COMMISSIONING FORM HVAC CONTROLLER

Page 2 of 3

Equipment Tag:

Project	Facility:	Project Name:		
	Area:	RPF No.	Tender No.	

Controller Input / Output Signals	Verify Control Signals Between Controller and Field Devices				Comments:		
	Test Preparation: Test physical signals rather than installing jumpers for signals						
	Field Wires Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Discrete 1 Input	Signal Description	State	State Description	Signal Appears on Controller Screen	Modulated 1 Output (0 – 100 %)	Modulated 2 Output (0 – 100 %)
		<input type="checkbox"/> Not Used	Low (0)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
			High (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
	Sensor A Input	Signal Description	Signal Type	Condition Pickup Level	Signal Appears on Controller Screen	Modulated 1 Output (0 – 100 %)	Modulated 2 Output (0 – 100 %)
			<input type="checkbox"/> RTD <input type="checkbox"/> PT100	<input type="checkbox"/> Low ≤ °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
		<input type="checkbox"/> Not Used	<input type="checkbox"/> PT1000 <input type="checkbox"/> 4-20 mA	<input type="checkbox"/> High > °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
	Sensor B Input	Signal Description	Signal Type	Condition Pickup Level	Signal Appears on Controller Screen	Modulated 1 Output (0 – 100 %)	Modulated 2 Output (0 – 100 %)
			<input type="checkbox"/> RTD <input type="checkbox"/> PT100	<input type="checkbox"/> Low ≤ °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
		<input type="checkbox"/> Not Used	<input type="checkbox"/> PT1000	<input type="checkbox"/> High > °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
	Relay 1 Output	Signal Description	Output Goes To	Output Changes Based on Signal Input	Output State Level	State Description	Signal Appears on Controller Screen
				<input type="checkbox"/> Discrete Input 1	Low (0)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Not Used		<input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	High (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Relay 2 Output	Signal Description	Output Goes To	Output Changes Based on Signal Input	Output State Level	State Description	Signal Appears on Controller Screen	
			<input type="checkbox"/> Discrete Input 1	Low (0)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	<input type="checkbox"/> Not Used		<input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	High (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Modulated 1 Output	Output Goes to Field Devices	Output Signal	Output Changes Based on Signal Input	Output State Level	Signal Appears on Controller Screen	Measured Output (V / mA)	
	<input type="checkbox"/> Heater SCR <input type="checkbox"/> Supply Damper <input type="checkbox"/> Return Damper <input type="checkbox"/> Exhaust Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> 4–20mA	<input type="checkbox"/> Discrete Input 1 <input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	Low	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	
				High	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	
Modulated 2 Output	Output Goes to Field Devices	Output Signal	Output Changes Based on Signal Input	Output State Level	Signal Appears on Controller Screen	Measured Output (V / mA)	
	<input type="checkbox"/> Heater SCR <input type="checkbox"/> Supply Damper <input type="checkbox"/> Return Damper <input type="checkbox"/> Exhaust Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> 4–20mA	<input type="checkbox"/> Discrete Input 1 <input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	Low	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	
				High	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	



COMMISSIONING FORM HVAC CONTROLLER

Page 3 of 3


Equipment Tag:

Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	COMMISSIONING FORM HVAC DAMPERS			Page 1 of 3
Project	Facility:		Project Name:	
	Area:		RPF No.	Tender No.

Project Contact	General Contractor:		Project Manager:	
	Consultant:		Contract Administrator:	
	City of Winnipeg		Consulting Project Manager:	

Damper Actuators Location & Data	Station Ventilation Room(s) / Area(s)		HVAC Controller Equipment No.		HVAC Control Panel Equip. No. <input type="checkbox"/> N/A			
	Drawings:		HVAC P&ID:		Control Panel:			
	Supply Damper Actuator:		Room Installed:		Equipment No.			
			Manufacturer:		Catalog No.			
			Power Supply: VAC / VDC		Torque: Nm		Runtime: sec.	
			Control Input: VAC / VDC		Control Output: VAC / VDC		Auxiliary Switch Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Return Damper Actuator:		Room Installed:		Equipment No.			
			Manufacturer:		Catalog No.			
			Power Supply: VAC / VDC		Torque: Nm		Runtime: sec.	
			Control Input: VAC / VDC		Control Output: VAC / VDC		Auxiliary Switch Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Exhaust Damper Actuator:		Room Installed:		Equipment No.			
			Manufacturer:		Catalog No.			
			Power Supply: VAC / VDC		Torque: Nm		Runtime: sec.	
			Control Input: VAC / VDC		Control Output: VAC / VDC		Auxiliary Switch Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Visual Inspection / Cleaning	HVAC Damper Lamacoids Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		HVAC Damper Actuator Lamacoids Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Power Cables Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No		Control Cables Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Power Cable Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Fully Functioning Actuators: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Actuators Properly Installed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	All Actuator Inputs Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		All Actuator Outputs Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Equipment Cleaned: <input type="checkbox"/> Yes	
			Photographs Taken: <input type="checkbox"/> Yes	
	Comments:			

Operational Testing	Supply Actuator Measured Opening Time: sec		Supply Actuator Measured Closing Time: sec			
	Return Actuator Measured Opening Time: sec		Return Actuator Measured Closing Time: sec			
	Exhaust Actuator Measured Opening Time: sec		Exhaust Actuator Measured Closing Time: sec			
	Supply Damper Changes From Low Ventilation to High Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supply Damper Changes From High Ventilation to Low Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Return Damper Changes From Low Ventilation to High Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Return Damper Changes From High Ventilation to Low Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Exhaust Damper Changes From Low Ventilation to High Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exhaust Damper Changes From High Ventilation to Low Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Operating Modes	<i>Mode Description</i>		<i>Fail-Safe Position</i>	<i>Low Ventilation Rate</i>	<i>High Ventilation Rate</i>
		Supply Damper Open Position		<input type="checkbox"/> Opened <input type="checkbox"/> Closed	%	%
		Return Damper Open Position		<input type="checkbox"/> Opened <input type="checkbox"/> Closed	%	%
	Exhaust Damper Open Position		<input type="checkbox"/> Opened <input type="checkbox"/> Closed	%	%	
Comments:						



COMMISSIONING FORM HVAC DAMPERS

Page 2 of 3


Equipment Tag:

Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.

Damper Actuator Settings	Adjust Damper Actuator Settings for Damper Balancing		Comments:	
	Damper Settings Applied to: <input type="checkbox"/> Supply Damper <input type="checkbox"/> Return Damper <input type="checkbox"/> Exhaust Damper			
	Supply Damper Actuator	Direction Control <input type="checkbox"/> CCW <input type="checkbox"/> CW	Angle of Rotation Positions Starting: Ending:	Auxiliary Switch Position <input type="checkbox"/> Not Used
	Return Damper Actuator	Direction Control <input type="checkbox"/> CCW <input type="checkbox"/> CW	Angle of Rotation Positions Starting: Ending:	Auxiliary Switch Position <input type="checkbox"/> Not Used
	Exhaust Damper Actuator	Direction Control <input type="checkbox"/> CCW <input type="checkbox"/> CW	Angle of Rotation Positions Starting: Ending:	Auxiliary Switch Position <input type="checkbox"/> Not Used

Actuator Input / Output Control Signals	Verify Control Signals Between HVAC Controller and Dampers				Comments:			
	Test Preparation: Test physical signals rather than installing jumpers for signals							
	Field Wires Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Low Ventilation Rate	<i>Actuator</i>	<i>Signal Type</i>	<i>Measured Input Voltage</i>	<i>Measured Output Voltage</i>	<i>Output Received at PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>
		Supply Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Return Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Exhaust Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	High Ventilation Rate	<i>Actuator</i>	<i>Signal Type</i>	<i>Measured Input Voltage</i>	<i>Measured Output Voltage</i>	<i>Output Received at PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>
		Supply Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Return Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exhaust Damper <input type="checkbox"/> Not Used		<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

		COMMISSIONING FORM HVAC DAMPERS		Page 3 of 3
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		RPF No.	Tender No.

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



INSTRUMENTATION SWITCH CHECKLIST

Project	
Facility:	Project Name:
Area :	Bid Opportunity:

Instrument		
Tag:	Description:	
Manufacturer:	Model:	Serial Number:

Inspection Checklist		
No.	Item to be Inspected	Pass (P/F)
1.	Instrument type and class per P&ID and specification	
2.	Instrument tag(s) installed and correct	
3.	Installation of sensor complete and correct	
4.	Block and drain valves	
5.	Pneumatic / hydraulic tubing leak tested	
6.	Heat tracing / insulation / instrument housing	
7.	Wiring correct	
8.	Drawings marked up as-built	
9.	HMI Graphic symbol and tag correct	

State Checklist						
State	State Desc	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	

Calibration					
Transition	Setpoint Trip Point (incl. units)	Actual Trip Point (incl. units)	Setpoint Time Delay	Actual Time Delay	Pass (P/F)
0 → 1					
1 → 0					

Comments:

	Company	Name	Signature	Date (yyyy/mm/dd)
Tested By				
Witnessed By				



INSTRUMENTATION TRANSMITTER LOOP CHECKLIST

Project	
Facility:	Project Name:
Area :	Bid Opportunity:

Instrument (Sensor / Element)		
Tag:	Description:	
Manufacturer:	Model:	Serial Number:

Transmitter		
Tag:	Description:	
Manufacturer:	Model:	Serial Number:
Units:	Design Range:	
Output	<input type="checkbox"/> 4-20 mA <input type="checkbox"/> Modbus <input type="checkbox"/> Other: <input type="checkbox"/> 0-10 V <input type="checkbox"/> Ethernet IP	

Inspection Checklist			
No.	Item to be Inspected	Comments	Pass (P/F)
1.	Instrument type and class per P&ID and specification		
2.	Instrument tag(s) installed and correct		
3.	Installation of sensor complete and correct		
4.	Block and drain valves		
5.	Pneumatic / hydraulic tubing leak tested		
6.	Heat tracing / insulation / instrument housing		
7.	Impulse lines pressure tested		
8.	Wiring correct		
9.	Drawings marked up as-built		
10.	HMI Graphic symbol, tag and units correct		



INSTRUMENTATION TRANSMITTER LOOP CHECKLIST


Signal Validation					
Input Signal	Location	Design Value	Actual Value	Error (%)	Pass (P/F)
	Transmitter Display				
	Transmitter Output				
	Process Display				
	PLC				
	HMI				
	Transmitter Display				
	Transmitter Output				
	Process Display				
	PLC				
	HMI				
	Transmitter Display				
	Transmitter Output				
	Process Display				
	PLC				
	HMI				

Notes:

1. Attach factory calibration forms for all instruments where provided and/or specified.
2. Provide instrument parameters for each parameter changed from the factory default.

Comments:

	Company	Name	Signature	Date (yyyy/mm/dd)
Tested By				
Witnessed By				

	INSPECTION FORM MCC, 600V			Page 1 of 6	
					ID:
Project	Facility:		Project Name:		
	Area :		Bid Opportunity:		

MCC Data	Location:			# of Cells:	
	Manufacturer:		Model:		Serial #:
	Rated Voltage: V	Main Bus Rating: A		Main Bus Neutral Rating: A	
	Bus Conductor: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum		Current Withstand Rating: A		

Visual Inspection / Cleaning	Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Visual Signs of Moisture: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Corona: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Fuse/Breaker Sizes Match Drawings: <input type="checkbox"/> Yes <input type="checkbox"/> No		PT and CT ratios match drawings: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Elevation Drawings Correct: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Insulators Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Electro/Mechanical Interlock System: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Vents/Filters: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Doors Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Exercise Active Components: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Cell Fit and Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor					
	Required Clearances are Met: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor					
	Indicating mechanisms: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Unit Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes		
	Comments:					

Incoming Power	Type:	Inspection			
	<input type="checkbox"/> Main Breaker	Complete appropriate breaker inspection form.			
	<input type="checkbox"/> Disconnect	Complete appropriate disconnect inspection form.			
	<input type="checkbox"/> Main Lugs	Visual Inspection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
		Connections Torqued: <input type="checkbox"/> Yes			
	Connection Resistance ($\mu\Omega$) As Left	A	B	C	N



INSPECTION FORM MCC, 600V

ID:

Insulation Resistance Test (Buswork)	Test Preparation:	Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	Cable Dest. / Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.	
	Temperature: _____ °C				
	Test Voltage (dc)	Insulation Resistance (MΩ) Phase To Phase			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	1000 V	A - B	B - C	C - A	
	Test Voltage	Insulation Resistance (MΩ) Phase To GND			
1000 V	A - GND	B - GND	C - GND		
Comments:					

Ground Resistance Checks (Ductor Test)	Point A	Point B	Resistance (μΩ)	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	MCC GND Bus	Facility Ground Electrode		
	MCC GND Bus	MCC Enclosure		
	MCC GND Bus	System Neutral		
Comments:				

Feeder Breakers	Visual Inspect Requirements:	G=Good, A=Acceptable, P=Poor Comments are required for all items identified in Poor condition.
		<ol style="list-style-type: none"> 1. Confirm identification tag / lamacoid is installed. 2. Look for visual signs of overheating. 3. Inspect and torque connections. 4. Inspect and test any electro/mechanical interlocks. 5. Confirm disconnect operation. 6. Check door mechanical condition. 7. Exercise circuit breaker. 8. Confirm cables are supported and routed appropriately. 9. Visually assess the general condition of the installation.
	Note:	Complete an appropriate Breaker Inspection Form for all breakers with separate adjustable Long and Short trip settings, Ground trip settings, or > 250A frame size.
Continued on next page		



INSPECTION FORM MCC, 600V

ID:

Continued from previous page											
Feeder Breakers	ID	Loc./ Cell	Frame Rating (A)	Trip Rating (A)	Manuf.	Model	Trip Unit Type	Inst Setting	Visual Inspection	Cleaned	Comments
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
	General Comments:										



INSPECTION FORM MCC, 600V

ID: _____

Motor Starters / Contactors	Overcurrent Protection Type: B=Breaker (Thermal Magnetic), M=Motor Circuit Protector, F=Fuse
	Overload Protection Type: T=Thermal, SS=Solid State, I=Intelligent
	Visual Inspect Requirements: G=Good, A=Acceptable, P=Poor Comments are required for all items identified in Poor condition. <ol style="list-style-type: none"> 1. Confirm identification tag / lamacoid is installed. 2. Look for visual signs of overheating. 3. Inspect and torque connections. 4. Inspect and test any electro/mechanical interlocks. 5. Confirm disconnect operation. 6. Check door mechanical condition. 7. Exercise circuit breaker. 8. Confirm cables are supported and routed appropriately. 9. Visually assess the general condition of the installation.
	Note: Complete a Motor Starter Inspection Form for all Motor Starters Size 4 or larger, with VFDs, or with Soft Starters.

Motor Starters / Contactors	ID	Loc./ Cell	Overcurrent Protection			Contactor	Overload		Visual Insp.	Cleaned	Comments
			Type	Rating (A)	Manuf.	Model	Size / Rating	Type			
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
General Comments: _____											



INSPECTION FORM MCC, 600V

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ID:

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



INSPECTION FORM MOLDED CASE CIRCUIT BREAKER, < 1000V

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Breaker Data	Location:	Panelboard/MCC:	Cell #:
	Manufacturer:	Type:	Serial #:
	Rated Voltage: V	Frame Size: A	Trip Unit:
	Interrupting Rating: kA	Comments:	

Visual Inspection / Cleaning	Breaker Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Electro/Mechanical Interlock: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Exercise Circuit Breaker: <input type="checkbox"/> Yes
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Other:
	Comments:	

Breaker Settings	Trip Unit Rating: A	Trip Unit Type: <input type="checkbox"/> None <input type="checkbox"/> Thermal Magnetic <input type="checkbox"/> Electronic <input type="checkbox"/> LI <input type="checkbox"/> LSI <input type="checkbox"/> LSIG						
	Breaker Setting (As Left)		Range	Setpoint		Delay	I²T	
	Long Time	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-	X	A =	A	sec	<input type="checkbox"/> On <input type="checkbox"/> Off
	Short Time	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-	X	A =	A	sec	<input type="checkbox"/> On <input type="checkbox"/> Off
	Instantaneous	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-	X	A =	A	N/A	
	Ground Fault	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-		A		sec	<input type="checkbox"/> On <input type="checkbox"/> Off

Insulation Resistance Test	<i>Perform insulation resistance measurements for breakers >= 250A, or as specified.</i>									
	Temperature: °C	Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected (Source Isolated)			<i>Approval is required, prior to leaving cables connected during the test.</i>					
		Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected (Load Isolated)								
	Test Voltage (VDC)	Insulation Resistance (MΩ)								
		Phase To GND (Breaker Closed)			Phase To Phase (Breaker Closed)			Line to Load (Breaker Open)		
		A	B	C	A - B	B - C	A - C	A	B	C
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed										
Comments:										

Contact Resistance	<i>Perform contact measurements for breakers >= 250A, or as specified.</i>					
	Resistance (μΩ)	A	B	C	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed	
Comments:						



INSPECTION FORM
MOLDED CASE CIRCUIT BREAKER, < 1000V

Page 2 of 2

ID:

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



MODULATING CONTROL DEVICE CHECKLIST

Project	
Facility:	Project Name:
Area :	Bid Opportunity:

Control Device		
Tag:	Description:	
Manufacturer:	Model:	Serial Number:

Inspection Checklist			
No.	Item to be Inspected	Comments	Pass (P/F)
1.	Actuator type and class per P&ID and specification		
2.	Instrument tag(s) installed and correct		
3.	Installation of actuator complete and correct		
4.	Wiring correct		
5.	Drawings marked up as-built		
6.	HMI graphic symbol, tag and units correct		

Control Validation					
Control Output	Location	Design Value	Actual Value	Error (%)	Pass (P/F)
0%	PLC Output				
	Field Device				
50%	PLC Output				
	Field Device				
100%	PLC Output				
	Field Device				

Notes:

1. Attach factory calibration forms for all instruments where provided and/or specified.
2. Provide instrument parameters for each parameter changed from the factory default.

Comments:

	Company	Name	Signature	Date (yyyy/mm/dd)
Tested By				
Witnessed By				



INSPECTION FORM MOTOR STARTER, FVNR, 600V

Page 1 of 2

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Starter Data	Load:		Starter Location:			Cell #:			
	Manufacturer:		Type:			Serial #:			
	Size:		Rated Voltage: V		Current Rating: A		Control Voltage: V		
	Circuit Protection:	<input type="checkbox"/> Fused Disc.	Rating: A		Fuse Size: A		Fuse Mfg. Model:		
		<input type="checkbox"/> Breaker <input type="checkbox"/> MCP	Rating: A		Inst. Setting: A		Manufacturer: Model:		
	Overload Protection:	<input type="checkbox"/> Thermal <input type="checkbox"/> Electronic <input type="checkbox"/> Intelligent		Class: <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> Unknown		Setting / Rating: A		Manufacturer:	
								Model:	
	Control Power Transformer:		Size: VA		Sec. Voltage: V		Primary Fuse: A Secondary Fuse: A		
Current Transformers:		Phases: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> None		Ratio:			
						Ground Fault CT: <input type="checkbox"/> Present <input type="checkbox"/> Not Present			
						Ratio:			

Motor Data	ID:		Size: kW / HP		Voltage: V	
	Full Load Amps: A		Service Factor:		Other:	

Visual Inspection / Cleaning	Starter Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Support Insulators: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Electro/Mechanical Interlock: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Contactor Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Contact Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Verify O/L element is correctly sized for the load: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exercise Circuit Breaker/MCP/Disconnect: <input type="checkbox"/> Yes	
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit Cleaned: <input type="checkbox"/> Yes	
			Photograph Taken: <input type="checkbox"/> Yes	
Comments:				

Contact/Pole Measurements	Test	A	B	C	Test Summary	
	Contact Resistance ($\mu\Omega$)					<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive <input type="checkbox"/> Test Failed Further Investigation Required.
	Disconnect / Breaker / MCP Resistance ($\mu\Omega$)					
	Fuse Resistance ($\mu\Omega$)					
Comments:						



INSPECTION FORM AC MOTOR, LOW VOLTAGE

Page: 1 of 2

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Motor Data	Size: kW / HP	Voltage: V	R.P.M:	
	Manufacturer:	Model:	Serial Number:	
	Frame Type:	FLA: A	Service Factor:	Other:
	Cooling: <input type="checkbox"/> Air <input type="checkbox"/> Fan	# Cooling Fans:	Winding Material:	

Visual Inspection / Cleaning	Motor Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Air Baffles: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Paint: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Filter Media: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Cooling Fans: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Fan Controls: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Anchorage/Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Mechanical/Electrical Noise During Operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lubrication Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned: <input type="checkbox"/> Yes Photograph Taken: <input type="checkbox"/> Yes

Winding Insulation Resistance	Stator Winding	Test Voltage (Vdc)	Winding Temperature (°C)	Resistance (MΩ)			Dielectric Absorption Ratio	Polarization Index (a)
				30 Sec	1 min.	10 min. (a)		
		500	40				-	-
								-
		500	40				-	-
								-
		500	40				-	-
								-
Notes:								
(a) Testing to 10 minutes and calculation of Polarization Index is only required for motors > 150 kW (200 HP)								
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed								

Winding Resistance	Resistance (μΩ)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	A - B	B - C	A - C	
Comments:				



INSPECTION FORM AC MOTOR, LOW VOLTAGE

Page: 2 of 2

ID: _____

Bearing Insulation Resistance	<input type="checkbox"/> Not Applicable				
	Bearing	Test Voltage (Vdc)	Bearing Temperature (°C)	Resistance (MΩ)	
				1 min.	Corrected to 40°C
		500			
		500			
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed					

RTD Resistance	<input type="checkbox"/> Not Applicable					
	Actual Winding Temperature: _____ °C			Actual Bearing Temperature _____ °C		
	RTD	Resistance (Ω)	Calculated Temperature (°C)	RTD	Resistance (Ω)	Calculated Temperature (°C)
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed						

Note: Test connection resistance of bolted connections. Report on cable inspection sheet.

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



**INSPECTION FORM
NON-FUSIBLE DISCONNECT SWITCH, 600V**


Page 2 of 2

ID

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

		COMMISSIONING FORM OUTDOOR LIGHTING		Page 1 of 2 Equipment Tag:
Project	Facility:	Project Name:		
	Area:	RPF No.	Tender No.	

Project Contact	General Contractor:	Project Manager:
	Consultant:	Contract Administrator:
	City of Winnipeg	Consulting Project Manager:

Outdoor Lighting Location & Data	Battery Bank Location:	Battery Bank Equipment No.	Panel Feed: Circuit No.	Control Panel No.	Applicable Drawings:	
	Outdoor Lighting Fixtures:	Manufacturer:		Catalog No.		Control Type
		Rated Voltage: VAC	Input Current: A	Lamp Wattage: W	Outdoor Fixtures Qty:	
		Installed on Outdoor Walls:		<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> South
	Photocell:	Manufacturer:		Catalog No.	Adjustable Turn-On Level:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Rated Voltage: VAC	Rated Current: A	Installed Location:	Adjustable Turn-Off Level:	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Turn-On / Turn-Off Ratio:	<input type="checkbox"/> N/A	

Visual Inspection / Cleaning	Identification Lamacoids Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lamps Properly Aimed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual Signs of Moisture:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Lamps Properly Operate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outdoor Lights Moisture Proof Rated:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Outdoor Light Levels Adjustable:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Cleanliness:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Cable Connections:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Ground Connections:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Connections Properly Sealed:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Photocell Installation:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Dimming Controller Installation:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Cables Supported Appropriately:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Cleaned:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Photograph Taken:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:				

Photocell & Controller Testing	Battery Bank Temperature Before Starting Testing:	°C	Battery Bank Temperature After Testing Completed:	°C	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive <input type="checkbox"/> Further Investigation Required <input type="checkbox"/> Test Failed
	Photocell Turn-On Level:	foot-candles	Photocell Turn-On Time:	sec	
	Photocell Turn-Off Level:	foot-candles	Photocell Turn-Off Time:	sec	
	Measured Light Output:	foot-candles	Dimming Controller Output:	V	
	Comments:				

Operational Testing	Outdoor Lights Turn On and Off by Photocell in Automatic Mode:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Lights Turn On in Manual Mode:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Light Output Adjustable by Dimming Controller:			<input type="checkbox"/> Yes <input type="checkbox"/> No	Photocell Turn-On Level:	foot-candles
	Operating Modes	<i>Mode Description</i>		<i>Outdoor Lights On</i>		<i>Time For Outdoor Lights to Turn On</i>
		Automatic Mode – Normal Operation		No		N/A
		Automatic Mode – Photocell Operation		<input type="checkbox"/> Yes <input type="checkbox"/> No		sec
		Manual Mode – Individual Normal Lighting Circuits Fail		<input type="checkbox"/> Yes <input type="checkbox"/> No		sec
Comments:						



COMMISSIONING FORM OUTDOOR LIGHTING

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Equipment Tag:

Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.

Final Analysis	Returned to Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

		COMMISSIONING FORM PLC ANALOG INPUT CARD			Page 1 of 2
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RPF No.	Tender No.	

Project Contact	General Contractor:		Project Manager:		
	Consultant:		Contract Administrator:		
	City of Winnipeg		Consulting Project Manager:		

PLC Data	PLC Enclosure Name:		PLC Manufacturer:		PLC Model:
	Card Catalog No.		Rated Input Voltage:	VDC	Inputs 0-7 Fuse No.
	Documents:	I/O Wiring Dwg:	DNP3 I/O File:		Control Narrative:
	PLC:	Equipment Tag:	Rack:	Module:	

Visual Inspection	Pre-Manufactured Cable Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-Manufactured Cable Tag:		
	All Inputs Wired to Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Input Wires Labelled at Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	All Inputs Separately Fused: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Inputs Wired at Analog Input Card: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Wire Connections Both Ends: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Fully Functioning Card: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Card Secured on PLC Rack: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Card Fully Programmed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	All Card Input Lights Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
	Comments:				

Point	Physical Tag	Description	Signal Type	Signal Mapping	PLC Input	Local HMI	SCADA	Condition Pickup Level	Pass (P/F)
0			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	
1			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	
2			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	
3			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	
4			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	
5			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	
6			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	
7			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low: mA/V = High: mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A	



COMMISSIONING FORM PLC ANALOG INPUT CARD

Page 2 of 2

Equipment Tag:


Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	COMMISSIONING FORM PLC ANALOG OUTPUT CARD			Page 1 of 2
	Equipment Tag:			
Project	Facility:		Project Name:	
	Area:		RPF No.	Tender No.

Project Contact	General Contractor:		Project Manager:	
	Consultant:		Contract Administrator:	
	City of Winnipeg		Consulting Project Manager:	


PLC Data	PLC Enclosure Name:		PLC Manufacturer:	PLC Model:
	Card Catalog No.		Rated Output Voltage: VAC / VDC	Outputs 0-3 Fuse No.
	Documents:	I/O Wiring Dwg:	DNP3 I/O File:	Control Narrative:
	PLC:	Equipment Tag:	Rack:	Module:

Visual Inspection	Pre-Manufactured Cable Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-Manufactured Cable Tag:	
	All Outputs Wired to Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Output Wires Labelled at Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	All Outputs Separately Fused: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Outputs Wired at Analog Output Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Wire Connections Both Ends: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Fully Functioning Card: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Card Secured on PLC Rack: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Card Fully Programmed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	All Card Input Lights Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Comments:			

Point	Physical Tag	Description	Signal Type	State Mapping	PLC Input	SCADA	Field Device	Pass (P/F)
0			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low mA/V = High mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low mA/V = High mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low mA/V = High mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/> 0 – 20mA <input type="checkbox"/> 4 – 20mA <input type="checkbox"/> 0 – 10V	Low mA/V = High mA/V =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	


Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

	COMMISSIONING FORM PLC ANALOG OUTPUT CARD		Page 2 of 2
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	COMMISSIONING FORM PLC DISCRETE INPUT CARD			Page 1 of 3	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RPF No.	Tender No.	

Project Contact	General Contractor:		Project Manager:		
	Consultant:		Contract Administrator:		
	City of Winnipeg		Consulting Project Manager:		

PLC Data	PLC Enclosure Name:		PLC Manufacturer:		PLC Model:
	Card Catalog No.		Rated Inputs Voltage: VAC / VDC		Inputs 0-15 Fuse No. Inputs 16-31 Fuse No.
	Documents:	I/O Wiring Dwg:	DNP3 I/O File:		Control Narrative:
	PLC:	Equipment Tag:	Rack:		Module:

Visual Inspection	Pre-Manufactured Cable Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-Manufactured Cable Tag:		
	All Inputs Wired to Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Input Wires Labelled at Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	All Inputs Separately Fused: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Inputs Wired at Discrete Input Card: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Wire Connections Both Ends: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Fully Functioning Card: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Card Secured on PLC Rack: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Card Fully Programmed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		All Card Input Lights Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Comments:				

Point	Physical Tag	Description	State	State Description	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
0			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
1			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
2			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
3			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
4			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
5			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
6			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
7			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
8			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	



**COMMISSIONING FORM
PLC DISCRETE INPUT CARD**

Equipment Tag:

Project	Facility:	Project Name:		
	Area:	RPF No.	Tender No.	

Point	Physical Tag	Description	State	State Description	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
9			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
10			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
11			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
12			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
13			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
14			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
15			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	

Point	Physical Tag	Description	State	State Description	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
16			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
17			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
18			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
19			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
20			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
21			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
22			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
23			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
24			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	



COMMISSIONING FORM PLC DISCRETE INPUT CARD

Page 3 of 3

Equipment Tag:

Project	Facility:	Project Name:		
	Area:	RPF No.	Tender No.	


Point	Physical Tag	Description	State	State Description	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
25			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
26			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
27			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
28			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
29			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
30			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
31			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	

Final Analysis	Returned to Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Repair / Replacement Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	COMMISSIONING FORM PLC DISCRETE OUTPUT CARD			Page 1 of 2
	Equipment Tag:			
Project	Facility:		Project Name:	
	Area:		RPF No.	Tender No.

Project Contact	General Contractor:		Project Manager:	
	Consultant:		Contract Administrator:	
	City of Winnipeg		Consulting Project Manager:	

PLC Data	PLC Enclosure Name:		PLC Manufacturer:	PLC Model:
	Card Catalog No.		Rated Output Voltage: VAC / VDC	Outputs 0-7 Fuse No.
	Documents:	I/O Wiring Dwg:	DNP3 I/O File:	Control Narrative:
	PLC:	Equipment Tag:	Rack:	Module:

Visual Inspection	Pre-Manufactured Cable Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-Manufactured Cable Tag:	
	All Outputs Wired to Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Output Wires Labelled at Terminal Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	All Outputs Separately Fused: <input type="checkbox"/> Yes <input type="checkbox"/> No		All Outputs Wired at Discrete Output Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Wire Connections Both Ends: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Fully Functioning Card: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Card Secured on PLC Rack: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Card Fully Programmed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	All Card Input Lights Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Comments:			

Point	Physical Tag	Description	State	State Description	PLC Output	SCADA	Field Device	Pass (P/F)
0			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**COMMISSIONING FORM
PLC DISCRETE OUTPUT CARD**

Page 2 of 2

Equipment Tag:


Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.

Final Analysis	Returned to Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	INSPECTION FORM PANELBOARD, LOW VOLTAGE		Page 1 of 2
			ID:
Project	Facility:	Project Name:	
	Area :	Bid Opportunity:	

Panelboard Data	Location:		Fed From:		No. of Circuits:	
	Manufacturer:			Model:	Serial No:	
	Rated Voltage:	V	Current Rating:	A	Withstand Rating:	A
	<input type="checkbox"/> Single Phase		<input type="checkbox"/> 3 Phase, 3 Wire	<input type="checkbox"/> 3 Phase, 4 Wire	Neutral Bonded to Ground	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Main Lugs					
	<input type="checkbox"/> Main Breaker:	Rating:	A	Manufacturer:	Model:	Inst. Setting:
	Complete separate inspection form (F-BKR-MC-LV) for main breaker if >= 250A, or has long, short, or ground fault settings.					

Visual Inspection / Cleaning	Identification Tag Installed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual signs of Moisture:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Corona:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fuse/Breaker Sizes Match Drawings:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cables Supported Appropriately:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found):		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Connections:		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Door Mechanical:		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Ground Connection:		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Exercise All Circuit Breakers:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:		

Insulation Resistance Test	Test Preparation:		Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.				Equipment Temperature: °C		
							Temperature Correction Factor to 20°C:			
	Test Voltage	Insulation Resistance (MΩ) Ground all Phases not under test!								Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
		A-GND		B-GND		C-GND		N-GND		
	RDG	20°C	RDG	20°C	RDG	20°C	RDG	20°C		
Test Voltages:		120-300V → 500 VDC Test Voltage				301-600V → 1000 VDC Test Voltage				
Comments:										

Load/Feeder Breakers	Breakers < 100A and Without Inst. Setting					
	<i>List by model of breaker. Multiple breakers of varying ampacity may be listed per line.</i>					
	Type	Manufacturer	Model Series	Interrupting Rating (kA)	Positions/Circuits	Notes
	A					
	B					
	C					
	D					
E						
F						



INSPECTION FORM PANELBOARD, LOW VOLTAGE


ID:

Breakers >= 100A or with Inst. Setting									
<i>List each breaker individually. Complete separate inspection form (F-BKR-MC-LV) for breaker if >= 250A, or has long, short, or ground fault settings.</i>									
Load/Feeder Breakers	ID	Pos.	Manufacturer	Model	Trip Rating (A)	Int. Rating (kA)	Inst. Setting	Separate Form	Notes
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.


	COMMISSIONING FORM VARIABLE FREQUENCY DRIVE			Page 1 of 4	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RPF No.	Tender No.	

Project Contact	General Contractor:		Project Manager:		
	Consultant:		Contract Administrator:		
	City of Winnipeg		Consulting Project Manager:		

VFD Location & Data	VFD Downstream Load:		VFD Location:		Section No. <input type="checkbox"/> N/A	
	Drawings:	Single Line:		Schematic:		Connection:
	VFD:	Manufacturer:		Model:		Serial #:
		Power Rating:	Rated Voltage:	VAC	Current Rating:	A
	Circuit Protection:	<input type="checkbox"/> Breaker <input type="checkbox"/> Fuse	Rating: A	Inst. Setting: A	Manufacturer: Model:	
	Line Reactor:	<input type="checkbox"/> Installed <input type="checkbox"/> N/A	Rating:		Manufacturer: Model:	
	Harmonic Filter:	<input type="checkbox"/> Installed <input type="checkbox"/> N/A	Rating:		Manufacturer: Model:	
	Load Reactor:	<input type="checkbox"/> Installed <input type="checkbox"/> N/A	Rating:		Manufacturer: Model:	
	Bypass Contactor:	Type:	<input type="checkbox"/> NEMA <input type="checkbox"/> IEC <input type="checkbox"/> N/A	Manufacturer:		Model:
		NEMA Size: <input type="checkbox"/> N/A		IEC Rating: A <input type="checkbox"/> AC-3 <input type="checkbox"/> AC-4		
	Bypass Overload Protection:	<input type="checkbox"/> Thermal <input type="checkbox"/> Electronic <input type="checkbox"/> Not Applicable	Class: <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> Unknown	Setting / Rating: A		Manufacturer: Model:
	Current Transformer:	Ratio:		Type:		
Control Power Transformer:	Size: VA	Secondary Voltage: V	Primary Fuse: A	Secondary Fuse: A		

Motor Data	Equipment Tag:		Power: kW / HP		Voltage: VAC
	Full Load Amps: A	Service Factor:	Inverter Duty Rated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insulation Class:	


Visual Inspection / Cleaning	VFD Lamacoid Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Power Cables Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No		Control Cables Labelled at Both Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Power Cable Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Control Cable Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Elect./ Mech. Interlocks: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Ground Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Contactor Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Contact Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Verify Bypass O/L element is correctly sized for the load: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Exercised Circuit Breaker / Disconnect: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes	
	Comments:				

	COMMISSIONING FORM VARIABLE FREQUENCY DRIVE	Page 2 of 4 Equipment Tag:	
Project	Facility:	Project Name:	
	Area:	RPF No.	Tender No.

Contact / Pole Measurements	Test	Resistance ($\mu\Omega$)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
		Phase A	Phase B	Phase C	
	Harmonic Filter Contactor Contact				
	Bypass Contactor Contact				
	Breaker / Disconnect				
Comments:					

Insulation Resistance Test	Test Preparation: Setup: Source: <input type="checkbox"/> Isolated Contactor: <input type="checkbox"/> Open	Cable Destination / Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load <input type="checkbox"/> Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.			
	WARNING: DISCONNECT ALL POWER CABLES FROM VFD MODULE AND CAPACITORS, AND DISCONNECT ALL CONTROL POWER FUSES PRIOR TO TEST.					
	Test	Voltage	Insulation Resistance (MΩ)			Ground all phases not under test!
			Phase A	Phase B	Phase C	
	VFD Line to Ground	1000 VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	VFD Load to Ground	1000 VDC				
	VFD Line to Load	1000 VDC				
	Harmonic Filter Contactor Line to Ground	1000 VDC				
	Harmonic Filter Contactor Load to Ground	1000 VDC				
	Harmonic Filter Contactor Line to Load	1000 VDC				
Bypass Contactor Line to Ground	1000 VDC					
Bypass Contactor Load to Ground	1000 VDC					
Bypass Contactor Line to Load	1000 VDC					
Comments:						

Full Load Operational Testing	Ramp Up Time	Specified: _____ sec	Actual: _____ sec			
	Ramp Down Time	Specified: _____ sec	Actual: _____ sec			
	Motor Measured Current	Phase A A	Phase B A	Phase C A		
	VFD Displayed Current	Phase A A	Phase B A	Phase C A		
	PLC HMI Screen Displayed Motor Current:	A	Ammeter Current in Bypass Mode: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Potentiometer Adjusts Speed in Manual Mode:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Potentiometer Adjusts Speed in Local Auto Mode: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Operating Modes	<i>Mode Description</i>	<i>Forward Run Start & Stop</i>		<i>Reverse Run Start & Stop</i>	
		VFD Manual Mode	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		VFD Automatic Mode – PLC Mode	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		VFD Automatic Mode – Local Mode	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Bypass Manual Mode		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Bypass Automatic Mode – Local Mode	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Comments:						

		COMMISSIONING FORM VARIABLE FREQUENCY DRIVE		Page 4 of 4
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		RPF No.	Tender No.

	Company	Name	Signature	Date (yyyy/mm/dd)
General Contractor Representative				
City Representative				

Note: The General Contractor Representative is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

APPENDIX A

Hauled Liquid Waste Loop Check Sheets

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-W680

Loop Information

Instrument or Loop ID: W680

Description: Dewatering Building Exhaust Fan

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MM	Running Status	DI				
MF	Fault Status	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y111/121

Loop Information

Instrument or Loop ID: Y111

Description: HWW - Tank #1 Level

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
		LT	Tank Level	AI		
Software Alarm	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
			High Level Alarm		mm	
Software Alarm	Low Level Alarm	Aim		mm		

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
		LL	Low Level Switch	DI		
HL	High Level Switch	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y111/121

Loop Information

Instrument or Loop ID: Y121

Description: HWW - Tank #2 Level

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
LT	Tank Level	AI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm		mm		
Software Alarm	Low Level Alarm	Aim		mm		

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
LL	Low Level Switch	DI				
HL	High Level Switch	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y112

Loop Information

Instrument or Loop ID: Y112

Description: Lane #1 Manhole HydroCarbon Detector

PLC Analog Information

	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
I/O Identifier	HydroCarbon level	AI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm	10	%LEL		

Notes:

Date (YYYY-MM-DD)

--	--	--

Contractor Name Signature

--	--

Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y113

Loop Information

Instrument or Loop ID: Y113

Description: Lane #1 Flow Meter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
FT	Flow Rate	AI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y122

Loop Information

Instrument or Loop ID: Y122

Description: Lane #2 Manhole HydroCarbon Detector

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
AT	HydroCarbon level	AI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm	10	%LEL		

Notes:

Date (YYYY-MM-DD)

--	--	--

Contractor Name Signature

--	--

Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y123

Loop Information

Instrument or Loop ID: Y123

Description: Lane #2 Flow Meter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
FT	Flow Rate	AI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y211

Loop Information

Instrument or Loop ID: Y211

Description: Storage Tank #1 Drain Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y221

Loop Information

Instrument or Loop ID: Y221

Description: Storage Tank #2 Drain Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y560

Loop Information

Instrument or Loop ID: Y560

Description: Sump Pit High Level Alarm

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
LH	High Level Alarm	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y610

Loop Information

Instrument or Loop ID: Y610

Description: Boiler E-Stop

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
HS	Boiler E-Stop	DI	E-Stop OK	E-Stop Pressed		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y610

Loop Information

Instrument or Loop ID: Y610

Description: Boiler Loop Glycol Supply Temperature

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
TT2	Temperature	AI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Temperature Alarm	Alm		Deg C		
Software Alarm	Low Temperature Alarm	Aim		Deg C		

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y611

Loop Information

Instrument or Loop ID: Y611

Description: Boiler Failure

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
QF	Boiler Failure	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y630

Loop Information

Instrument or Loop ID: Y630

Description: Boiler Loop Heating Pump #1

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
MO	Overload Status Alarm	DI	Overload OK	Overload Tripped		
MM	Running Status	DI	Off	Running		
	Description				PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

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Contractor Name Signature

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y630

Loop Information

Instrument or Loop ID: Y630

Description: Building Low Temperature Alarm

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
TL	Low Temp Alarm	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y635

Loop Information

Instrument or Loop ID: Y635

Description: Boiler Loop Heating Pump #2

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
MO	Overload Status	DI	Overload OK	Overload Tripped		
MM	Running Status	DI	Off	Running		
	Description				PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

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Contractor Name Signature

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y640

Loop Information

Instrument or Loop ID: Y640

Description: Snow Melt Loop Heating Pump

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MO	Overload Status	DI	Overload OK	Overload Tripped		
MM	Running Status	DI	Off	Running		

Notes:

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Contractor Name Signature

Date (YYYY-MM-DD)

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y650

Loop Information

Instrument or Loop ID: Y650

Description: Building Heat Recovery Ventilator

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
TT1	Outdoor Air Temperature	AI				
TT2	Supply Air Temperature	AI				
ZC	Heating Valve Position	AO				

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MNH	High Speed Run Command	DO	Off	Run High Speed		
MNL	Low Speed Run Command	DO	Off	Run low Speed		
PAH1	Main Filter DP High Switch Alarm	DI				
PAH2	Return Filter DP High Switch Alarm	DI				
FS	Supply Air Flow Switch	DI				
Software Control	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
Software Control	Manual Run High Speed	Ctrl		1=High Speed		
Software Control	Manual Run Low Speed	Ctrl		1=Low Speed		
Software Control	Manual Off	Ctrl		1=Close		
Software Control	In-Service	Ctrl		1=InService		
Software Alarm	Fail to Run	Alm		1=Alarm		
Software Alarm	High Supply Air Temperature Alarm	Alm		Deg C		
Software Alarm	Low Supply Air Temperature Alarm	Aim		Deg C		

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y680

Loop Information

Instrument or Loop ID: Y680

Description: Hauled Wastewater Building Exhaust Fan

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MM	Running Status	DI				
MF	Fault Status Alarm	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y700

Loop Information

Instrument or Loop ID: Y700

Description: Flood Alarm Switch

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
LH	Flood Alarm Switch	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y715

Loop Information

Instrument or Loop ID: Y715

Description: Intrusion Alarm Switch

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
XA	Intrusion Alarm	DI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y725

Loop Information

Instrument or Loop ID: Y725

Description: Building Common Alarm

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
QA	Common Alarm	DO	Normal	Alarm		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y800

Loop Information

Instrument or Loop ID: Y800

Description: Lane 1 Entrance Gate

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZCD	Open Command	DO	Off	Open		
ZSB	Closed Status	DI	Not Closed	Closed		
ZSD	Open Status	DI	Not Open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y805

Loop Information

Instrument or Loop ID: Y805

Description: Lane 1 Exit Gate

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZCD	Open Command	DO	Off	Open		
ZSB	Closed Status	DI	Not Closed	Closed		
ZSD	Open Status	DI	Not Open	Open		
ZX	Prox Sensor	DI	No Vehicle	Vehicle @ Gate		
XL1	Red Exit Light	DO	Off	On		
XL2	Green Exit Light	DI	Off	On		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y810

Loop Information

Instrument or Loop ID: Y810

Description: Lane 2 Entrance Gate

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZCD	Open Command	DO	Off	Open		
ZSB	Closed Status	DI	Not Closed	Closed		
ZSD	Open Status	DI	Not Open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y815

Loop Information

Instrument or Loop ID: Y815

Description: Lane 2 Exit Gate

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZCD	Open Command	DO	Off	Open		
ZSB	Closed Status	DI	Not Closed	Closed		
ZSD	Open Status	DI	Not Open	Open		
ZX	Prox Sensor	DI	No Vehicle	Vehicle @ Gate		
XL1	Red Exit Light	DO	Off	On		
XL2	Green Exit Light	DI	Off	On		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y910

Loop Information

Instrument or Loop ID: Y910

Description: Hauled Wastewater Building Sampler #1

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
AN	Sampler Run Command	DO	Off	Run		
AM	Running Status	DI	Off	Running		
AF	Power Status	DI	No Power	Power		
YS1	Computer Mode Status	DI	Local	Comp.		
YS2	HOA Auto Status	DI	Not Auto	Auto		
HS4	Stop Button Status	DI	Stop Not Pressed	Stop Pressed		
MN	Carousel Run Command	DO	Off	Run		
ZS1	Carousel Home Position	DI	Not Home	Home		
ZS2	Carousel Index Position	DI	Not @ Index	Index pos.		
	Description				PLC Verified	OWS Verified
Software Control	Sampler Manual Run	Ctrl	1=Open			
Software Control	Sampler Manual Stop	Ctrl	1=Close			
Software Control	Sampler In-Service	Ctrl	1=InService			
Software Alm	Sampler Fail to Run	Alm	1=Alarm			
Software Alm	Sampler Fail to Stop	Alm	1=Alarm			

Notes:

Contractor Name Signature

Date (YYYY-MM-DD)

Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384Y-Y920

Loop Information

Instrument or Loop ID: Y920

Description: Hauled Wastewater Building Sampler #2

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
AN	Sampler Run Command	DO	Off	Run		
AM	Running Status	DI	Off	Running		
AF	Power Status	DI	No Power	Power		
YS1	Computer Mode Status	DI	Local	Comp.		
YS2	HOA Auto Status	DI	Not Auto	Auto		
HS4	Stop Button Status	DI	Stop Not Pressed	Stop Pressed		
MN	Carousel Run Command	DO	Off	Run		
ZS1	Carousel Home Position	DI	Not Home	Home		
ZS2	Carousel Index Position	DI	Not @ Index	Index pos.		
	Description				PLC Verified	OWS Verified
Software Control	Sampler Manual Run	Ctrl	1=Open			
Software Control	Sampler Manual Stop	Ctrl	1=Close			
Software Control	Sampler In-Service	Ctrl	1=InService			
Software Alm	Sampler Fail to Run	Alm	1=Alarm			
Software Alm	Sampler Fail to Stop	Alm	1=Alarm			

Notes:

Contractor Name	Signature	Date (YYYY-MM-DD)

Contract Admin Name	Signature

APPENDIX B

Leachate Loop Check Sheets

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X111/121

Loop Information

Instrument or Loop ID: X111

Description: Leachate - Tank #1 Level

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
LT	Tank Level	AI				

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
LL	Low Level Switch	DI				
HL	High Level Switch	DI				

	Description	Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm	mm		
Software Alarm	Low Level Alarm	Aim	mm		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X111/121

Loop Information

Instrument or Loop ID: X121

Description: Leachate - Tank #2 Level

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
LT	Tank Level	AI				

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
LL	Low Level Switch	DI				
HL	High Level Switch	DI				

	Description	Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm	mm		
Software Alarm	Low Level Alarm	Aim	mm		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X112

Loop Information

Instrument or Loop ID: X112

Description: Lane #3 Manhole #5 HydroCarbon Detector

PLC Analog Information

	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
I/O Identifier	HydroCarbon level	AI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm	10	%LEL		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	
Contract Admin Name	Signature	

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X113

Loop Information

Instrument or Loop ID: X113

Description: Lane #3 Manhole #5 Flow Meter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
FT	Flow Rate	AI				

Notes:

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Contractor Name Signature

Date (YYYY-MM-DD)

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X122

Loop Information

Instrument or Loop ID: X122

Description: Lane #3 Manhole #4 HydroCarbon Detector

PLC Analog Information

	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
I/O Identifier	HydroCarbon level	AI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm	10	%LEL		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X123

Loop Information

Instrument or Loop ID: X123

Description: Lane #3 Manhole #4 Flow Meter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
		FT	Flow Rate	AI		

Notes:

Contractor Name: _____ Signature: _____ Date (YYYY-MM-DD): _____

Contract Admin Name: _____ Signature: _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X211

Loop Information

Instrument or Loop ID: X211

Description: Leachate Storage Tank #1 Drain Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Contractor Name: _____ Signature: _____

Date (YYYY-MM-DD): _____

Contract Admin Name: _____ Signature: _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X221

Loop Information

Instrument or Loop ID: X221

Description: Leachate Storage Tank #2 Drain Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Contractor Name Signature

Date (YYYY-MM-DD)

Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X231

Loop Information

Instrument or Loop ID: X231

Description: Leachate Storage Pump Suction Cross Connection Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

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Contractor Name Signature

Date (YYYY-MM-DD)

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X232

Loop Information

Instrument or Loop ID: X232

Description: Leachate Storage Pump Discharge Cross Connection Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X233

Loop Information

Instrument or Loop ID: X233

Description: Leachate Storage - Pump Discharge Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X234

Loop Information

Instrument or Loop ID: X234

Description: Leachate Storage - Pump Discharge Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X235

Loop Information

Instrument or Loop ID: X235

Description: Leachate Storage - Pump Discharge Valve

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Close Command	DO	Off	Close		
VO	Stop Command	DO	Off	Stop		
VD	Open Command	DO	Off	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X310

Loop Information

Instrument or Loop ID: X310

Description: Leachate Storage Pump

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
HS1	E-Stop Status	DI	E-Stop Pressed	E-Stop OK		
MM	Running Status	DI	Off	Running		
QF	Fault Status	DI	Fault	Normal		
	Description				PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X320

Loop Information

Instrument or Loop ID: X320

Description: Leachate Storage Pump

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
HS1	E-Stop Status	DI	E-Stop Pressed	E-Stop OK		
MM	Running Status	DI	Off	Running		
QF	Fault Status	DI	Fault	Normal		
	Description				PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

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Contractor Name Signature

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X560

Loop Information

Instrument or Loop ID: X560

Description: Sump Pit High Level Alarm

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
		LH	High Level	DI		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X610

Loop Information

Instrument or Loop ID: X610

Description: Boiler E-Stop

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
		HS	Boiler E-Stop	DI	E-Stop OK	E-Stop Pressed

Notes:

Date (YYYY-MM-DD)

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Contractor Name

Signature

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Contract Admin Name

Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X610

Loop Information

Instrument or Loop ID: X610

Description: Boiler Loop Glycol Supply Temperature

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
TT2	Temperature	AI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Temperature Alarm	Alm		Deg C		
Software Alarm	Low Temperature Alarm	Aim		Deg C		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X611

Loop Information

Instrument or Loop ID: X611

Description: Boiler Failure

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
		QF	Boiler Failure	DI		

Notes:

Date (YYYY-MM-DD)

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Contractor Name

Signature

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Contract Admin Name

Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X630

Loop Information

Instrument or Loop ID: X630

Description: Boiler Loop Heating Pump #1

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
MO	Overload Status	DI	Overload OK	Overload Tripped		
MM	Running Status	DI	Off	Running		
	Description				PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X630

Loop Information

Instrument or Loop ID: X630

Description: Building Low Temperature Alarm

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
		TL	Low Temp Alarm	DI		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X635

Loop Information

Instrument or Loop ID: X635

Description: Boiler Loop Heating Pump #2

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
MO	Overload Status	DI	Overload OK	Overload Tripped		
MM	Running Status	DI	Off	Running		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X640

Loop Information

Instrument or Loop ID: X640

Description: Snow Melt Loop Heating Pump

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MO	Overload Status	DI	Overload OK	Overload Tripped		
MM	Running Status	DI	Off	Running		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X650

Loop Information

Instrument or Loop ID: X650

Description: Building Heat Recovery Ventilator

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
TT2	Supply Air Temperature	AI				
ZC	Heating Valve Position	AO				

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MNH	High Speed Run Command	DO	Off	Run High Speed		
MNL	Low Speed Run Command	DO	Off	Run low Speed		
PAH1	Main Filter DP High Switch	DI				
PAH2	Return Filter DP High Switch	DI				
FS	Supply Air Flow Switch	DI				
	Description				PLC Verified	OWS Verified
Software Control	Manual Run High Speed	Ctrl	1=High Speed			
Software Control	Manual Run Low Speed	Ctrl	1=Low Speed			
Software Control	Manual Off	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alarm	Fail to Run	Alm	1=Alarm			
Software Alarm	High Supply Air Temperature Alarm	Alm		Deg C		
Software Alarm	Low Supply Air Temperature Alarm	Aim		Deg C		

Notes:

Date (YYYY-MM-DD)

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Contractor Name Signature

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X680

Loop Information

Instrument or Loop ID: X680

Description: Leachate Building Exhaust Fan

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MM	Running Status	DI				
MF	Fault Status	DI				

Notes:

Date (YYYY-MM-DD)

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Contractor Name

Signature

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Contract Admin Name

Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X700

Loop Information

Instrument or Loop ID: X700

Description: Flood Alarm Switch

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
LH	Flood Alarm Switch	DI				

Notes:

Date (YYYY-MM-DD)

Contractor Name _____ Signature _____

Contract Admin Name _____ Signature _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X715

Loop Information

Instrument or Loop ID: X715

Description: Intrusion Alarm Switch

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
XA	Intrusion Alarm	DI				

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X725

Loop Information

Instrument or Loop ID: X725

Description: Building Common Alarm

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
		QA	Common Alarm	DO	Normal	Alarm

Notes:

Contractor Name _____ Signature _____

Date (YYYY-MM-DD) _____

Contract Admin Name _____ Signature _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X800

Loop Information

Instrument or Loop ID: X800

Description: Lane 3 Entrance Gate

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZCD	Open Command	DO	Off	Open		
ZSB	Closed Status	DI	Not Closed	Closed		
ZSD	Open Status	DI	Not Open	Open		
ZX	Prox Sensor	DI	No Vehicle	Vehicle @ Gate		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X805

Loop Information

Instrument or Loop ID: X805

Description: Lane 3 Exit Gate

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZCD	Open Command	DO	Off	Open		
ZSB	Closed Status	DI	Not Closed	Closed		
ZSD	Open Status	DI	Not Open	Open		
ZX	Prox Sensor	DI	No Vehicle	Vehicle @ Gate		
XL1	Red Exit Light	DO	Off	On		
XL2	Green Exit Light	DI	Off	On		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	Manual Close	Ctrl	1=Close			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

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Contractor Name Signature

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Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X810

Loop Information

Instrument or Loop ID: X810

Description: MH-5 Proximity Sensor

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZX	Prox Sensor	DI	No Vehicle	Vehicle @ MH		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X815

Loop Information

Instrument or Loop ID: X815

Description: MH-4 Proximity Sensor

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
ZX	Prox Sensor	DI	No Vehicle	Vehicle @ MH		

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X910

Loop Information

Instrument or Loop ID: X910

Description: Leachate Building Sampler #1

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
AN	Sampler Run Command	DO	Off	Run		
AM	Running Status	DI	Off	Running		
AF	Power Status	DI	No Power	Power		
YS1	Computer Mode Status	DI	Local	Comp.		
YS2	HOA Auto Status	DI	Not Auto	Auto		
HS4	Stop Button Status	DI	Stop Not Pressed	Stop Pressed		
MN	Carousel Run Command	DO	Off	Run		
ZS1	Carousel Home Position	DI	Not Home	Home		
ZS2	Carousel Index Position	DI	Not @ Index	Index pos.		
	Description				PLC Verified	OWS Verified
Software Control	Sampler Manual Run	Ctrl	1=Open			
Software Control	Sampler Manual Stop	Ctrl	1=Close			
Software Control	Sampler In-Service	Ctrl	1=InService			
Software Alm	Sampler Fail to Run	Alm	1=Alarm			
Software Alm	Sampler Fail to Stop	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name

Signature

Contract Admin Name

Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384X-X920

Loop Information

Instrument or Loop ID: X920

Description: Leachate Building Sampler #2

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
AN	Sampler Run Command	DO	Off	Run		
AM	Running Status	DI	Off	Running		
AF	Power Status	DI	No Power	Power		
YS1	Computer Mode Status	DI	Local	Comp.		
YS2	HOA Auto Status	DI	Not Auto	Auto		
HS4	Stop Button Status	DI	Stop Not Pressed	Stop Pressed		
MN	Carousel Run Command	DO	Off	Run		
ZS1	Carousel Home Position	DI	Not Home	Home		
ZS2	Carousel Index Position	DI	Not @ Index	Index pos.		
	Description				PLC Verified	OWS Verified
Software Control	Sampler Manual Run	Ctrl	1=Open			
Software Control	Sampler Manual Stop	Ctrl	1=Close			
Software Control	Sampler In-Service	Ctrl	1=InService			
Software Alm	Sampler Fail to Run	Alm	1=Alarm			
Software Alm	Sampler Fail to Stop	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name

Signature

Contract Admin Name

Signature

APPENDIX C

Digester Gallery Loop Check Sheets

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D320

Loop Information

Instrument or Loop ID: D320

Description: Valve D320

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VD	Open Command	DO	Close	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Contractor Name: _____ Signature: _____

Date (YYYY-MM-DD): _____

Contract Admin Name: _____ Signature: _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D321

Loop Information

Instrument or Loop ID: D321

Description: Valve D321

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VD	Open Command	DO	Close	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Contractor Name: _____ Signature: _____

Date (YYYY-MM-DD): _____

Contract Admin Name: _____ Signature: _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D322

Loop Information

Instrument or Loop ID: D322

Description: Valve D322

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VD	Open Command	DO	Close	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			
Contractor Name	Signature					

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Contract Admin Name

Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D323

Loop Information

Instrument or Loop ID: D323

Description: Valve D323

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VD	Open Command	DO	Close	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Contractor Name: _____ Signature: _____

Date (YYYY-MM-DD): _____

Contract Admin Name: _____ Signature: _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D324

Loop Information

Instrument or Loop ID: D324

Description: Valve D324

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VD	Open Command	DO	Close	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D331

Loop Information

Instrument or Loop ID: D331

Description: Leachate Pump

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
SC	Speed Control	AO	0	100		

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
HS1	E-Stop Status	DI	E-Stop Pressed	E-Stop OK		
MM	Running Status	DI	Off	Running		
QF	Fault Status	DI	Fault	Normal		
Software Control	Description				PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	Manual Speed Command	Ctrl	0-100%			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D332

Loop Information

Instrument or Loop ID: D332

Description: Leachate Pump

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
SC	Speed Control	AO	0	100		

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
HS1	E-Stop Status	DI	E-Stop Pressed	E-Stop OK		
MM	Running Status	DI	Off	Running		
QF	Fault Status	DI	Fault	Normal		
Software Control	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	Manual Speed Command	Ctrl	0-100%			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D333

Loop Information

Instrument or Loop ID: D333

Description: Leachate Pump

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
SC	Speed Control	AO	0	100		

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
MN	Run Command	DO	Off	Run		
HS1	E-Stop Status	DI	E-Stop Pressed	E-Stop OK		
MM	Running Status	DI	Off	Running		
QF	Fault Status	DI	Fault	Normal		
Software Control	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
Software Control	Manual Run	Ctrl	1=Run			
Software Control	Manual Off	Ctrl	1=Stop			
Software Control	Manual Speed Command	Ctrl	0-100%			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Run	Alm	1=Alarm			

Notes:

Contractor Name	Signature	Date (YYYY-MM-DD)

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D340

Loop Information

Instrument or Loop ID: D340

Description: Feed Pressure Control Valve

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
ZC	Position Control	AO	0	100		

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Closed Status	DI	Off	Closed		
VD	Open Status	DI	Off	Open		
Software Control	Manual Mode Position	Ctrl	0-100%			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name Signature

Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D341

Loop Information

Instrument or Loop ID: D341

Description: Feed Pressure Control Valve

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
ZC	Position Control	AO	0	100		

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VB	Closed Status	DI	Off	Closed		
VD	Open Status	DI	Off	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Mode Position	Ctrl	0-100%			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name Signature

Contract Admin Name Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D345

Loop Information

Instrument or Loop ID: D345

Description: Valve D345

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VD	Open Command	DO	Close	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D346

Loop Information

Instrument or Loop ID: D346

Description: Valve D346

PLC Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
VD	Open Command	DO	Close	Open		
ZB	Closed Status	DI	Not Closed	Closed		
ZD	Open Status	DI	Not open	Open		
	Description				PLC Verified	OWS Verified
Software Control	Manual Open	Ctrl	1=Open			
Software Control	In-Service	Ctrl	1=InService			
Software Alm	Fail to Open	Alm	1=Alarm			
Software Alm	Fail to Close	Alm	1=Alarm			

Notes:

Contractor Name: _____ Signature: _____

Date (YYYY-MM-DD): _____

Contract Admin Name: _____ Signature: _____

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D360

Loop Information

Instrument or Loop ID: D360

Description: Line to Drain Flow Meter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
FT	Flow Rate	AI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D361

Loop Information

Instrument or Loop ID: D361

Description: Line to Centrate Manhole Flow Meter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
FT	Flow Rate	AI				

Notes:

		Date (YYYY-MM-DD)
Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D365

Loop Information

Instrument or Loop ID: D365

Description: Pressure Transmitter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
		PT	Pressure Transmitter	AI		
Software Alarm	Description	Alarm Stpt	Eng Units	PLC Verified	OWS Verified	
	High Pressure Alarm	Alm	kPa			
Software Alarm	Low Pressure Alarm	Aim	kPa			

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D366

Loop Information

Instrument or Loop ID: D366

Description: Pressure Transmitter

PLC Analog Information

I/O Identifier	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
		PT	Pressure Transmitter	AI		
Software Alarm	Description	Alarm Stpt	Eng Units	PLC Verified	OWS Verified	
	High Pressure Alarm	Alm	kPa			
Software Alarm	Low Pressure Alarm	Aim	kPa			

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D370

Loop Information

Instrument or Loop ID: D370

Description: Leachate Storage Tank Level

PLC Analog Information

	Description	Type	4mA Reading	20mA Reading	PLC Verified	OWS Verified
I/O Identifier	Tank Level	AI				

PLC Digital Information

	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
I/O Identifier	Low Level Switch	DI				
	High Level Switch	DI				
	Description		Alarm Stpt	Eng Units	PLC Verified	OWS Verified
Software Alarm	High Level Alarm	Alm		mm		
Software Alarm	Low Level Alarm	Aim		mm		

Notes:

Date (YYYY-MM-DD)

Contractor Name	Signature	

Contract Admin Name	Signature

Loop Check Sheet

Site Information

Project Name: NEWPCC - Hauled Wastewater Receiving Facilities

Vendor Drawing Number: 14384D-D910

Loop Information

Instrument or Loop ID: D910

Description: Composite Sampler

PLC Digital Information

I/O Identifier	Description	Type	Physical "0" State	Physical "1" State	PLC Verified	OWS Verified
AN	Sampler Run Command	DO	Off	Run		
AM	Running Status	DI	Off	Running		
AF	Power Status	DI	No Power	Power		
YS1	Computer Mode Status	DI	Local	Comp.		
YS2	HOA Auto Status	DI	Not Auto	Auto		
	Description				PLC Verified	OWS Verified
Software Control	Sampler Manual Run	Ctrl	1=Open			
Software Control	Sampler Manual Stop	Ctrl	1=Close			
Software Control	Sampler In-Service	Ctrl	1=InService			
Software Alm	Sampler Fail to Run	Alm	1=Alarm			
Software Alm	Sampler Fail to Stop	Alm	1=Alarm			

Notes:

Contractor Name Signature

Date (YYYY-MM-DD)

Contract Admin Name Signature