

	COMMISSIONING FORM AIR CONDITIONER			Page 1 of 2	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RFP No.	Tender No.	

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

Air Conditioner Location & Data	A/C Equipment No.		A/C Location: <input type="checkbox"/> Ducted <input type="checkbox"/> Ductless		Fed From:		
	Drawings:	Single Line:		Mech. Schedule:		Schematic: <input type="checkbox"/> N/A	
	A/C Ratings:	Manufacturer:		Model:		Serial #:	
		Power: Ton Size:	kW	Rated Voltage:	VAC	Full Load Amps:	A <input type="checkbox"/> 1-Phase <input type="checkbox"/> 3-Phase

Visual Inspection / Cleaning	Air Conditioner 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		Appropriate Breaker / Fuse Size Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Appropriate Duct / Ductless Installation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sufficient Ton Size Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		A/C Unit Properly Installed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Power Connection: <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		
	Fully Functional Controller: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Controller Display Works: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Remote Controller Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Remote Controller Cable Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes	
	Comments:				

Air Conditioner Electrical Testing	Test Preparation:		Setup: <input type="checkbox"/> Isolated	Power Cable <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected		Note: Approval of City's Representative is required, prior to leaving cables connected during the test.		
	WARNING: DISCONNECT ALL FIELD POWER CABLES PRIOR TO TEST.							
	<i>Test</i>		<i>Test Voltage</i>	<i>Insulation Resistance (MΩ)</i>			Ground all phases not under test!	
				<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>		
	Contactor Line to Ground		VDC					
	Contactor Load to Ground		VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed	
	Contactor Line to Load		VDC					
	<i>Test</i>		<i>Tester</i>	<i>Resistance (μΩ)</i>				
				<i>Phases A-B</i>	<i>Phases B-C</i>	<i>Phases C-B</i>		
	Heating Element		Fluke Meter					
Comments:								



COMMISSIONING FORM AIR CONDITIONER

Equipment Tag:

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

Full Load Operational Testing	TESTING: AIR CONDITIONER TO BE RUN FOR FIVE (5) MINUTES POINT PRIOR TO RECORDING VALUES.				
	Temperature	Turn On Setpoint:	°C	Actual Turn On Setpoint: °C	
	A/C Loads	<i>Device</i>	<i>Measured Current</i>		
			<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>
		Compressor <input type="checkbox"/> N/A	A	A	A
		Fan <input type="checkbox"/> N/A	A	A	A
	Heater <input type="checkbox"/> N/A	A	A	A	
Contactor	<i>Description</i>	<i>Controller Contact Status</i>	<i>Contactor Status</i>	<i>A/C Status</i>	
	Contactor <input type="checkbox"/> N/A	Closed Opened	<input type="checkbox"/> Closed <input type="checkbox"/> Opened <input type="checkbox"/> Closed <input type="checkbox"/> Opened	<input type="checkbox"/> Running <input type="checkbox"/> Stopped <input type="checkbox"/> Running <input type="checkbox"/> Stopped	
Comments:					

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 AUTOMATIC TRANSFER SWITCH			Page 1 of 3
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

ATS Location & Data	ATS Downstream Load:		ATS Location:		Section No. <input type="checkbox"/> N/A		
	Sources:	Source 1 (Normal)		Source 2 (Emergency):		Closed Transition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Drawings:	Single Line:		Connection:		Loop:	
	ATS:	Manufacturer:		Model:		Serial #:	
		Power Rating:		Rated Voltage: VAC		Current Rating: A Control Voltage: VAC	
	Source 1 (Normal) Circuit Protection:	<input type="checkbox"/> Breaker	Frame Size: A	Inst. Setting: <input type="checkbox"/> N/A	Manufacturer:		
		<input type="checkbox"/> Fuse	Trip Size: A		Model:	Location:	
	Source 2 (Emergency) Circuit Protection:	<input type="checkbox"/> Breaker	Frame Size: A	Inst. Setting: <input type="checkbox"/> N/A	Manufacturer:		
		<input type="checkbox"/> Fuse	Trip Size: A		Model:	Location:	
	Line 1 (Normal) 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			
Line 2 (Emergency) 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			
Ctrl Power Transformer:	Size: VA	Primary Voltage: V	Secondary Voltage: V	Primary Fuse: A	Secondary Fuse: A		

Visual Inspection / Cleaning	ATS 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 Contactors are correctly Sized for the Sources: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Verify Source & Load Phases are Correctly Installed and Labelled: <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:				

Contact / Pole Measurements	Test	Resistance			Test Summary
		Phase A	Phase B	Phase C	
	Source 1 (Normal) Line to Load	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
Source 2 (Emergency) Line to Load	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$		
Comments:					



COMMISSIONING FORM AUTOMATIC TRANSFER SWITCH

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Equipment Tag:

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

Insulation Resistance Test	Test Preparation: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source 1 Isolated	Source 1 (Normal) Cable: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source 1 Isolated	Source 2 (Emergency) Cable: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source 2 Isolated	Load Cable: <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.	
	WARNING: DISCONNECT ALL POWER ATS CABLES AND DISCONNECT ALL CONTROL POWER FUSES PRIOR TO TEST.					
	<i>Test</i>	<i>Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
			<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
	Source 1 (Normal) Line to Ground	1000 VDC	MΩ	MΩ	MΩ	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Source 2 (Emergency) Line to Ground	1000 VDC	MΩ	MΩ	MΩ	
	Load to Ground	1000 VDC	MΩ	MΩ	MΩ	
	Source 1 (Normal) Line to Load	1000 VDC	MΩ	MΩ	MΩ	
Source 2 (Emergency) Line to Load	1000 VDC	MΩ	MΩ	MΩ		
Comments:						

Operational Testing	Automatic Mode Switches Source 1 to Source 2 (via Source 1 Power Disruption): <input type="checkbox"/> Yes <input type="checkbox"/> No			Automatic Mode Switches Source 2 to Source 1 (via Source 1 Power Restored): <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Operating Modes	<i>Mode Description</i>	<i>Source Powers Load</i>			<i>ATS Indicator Light Illuminates</i>		
		Automatic Mode - Source 1 (Utility)	<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
		Automatic Mode - Source 2 (Emergency) via Source 1 Fail	<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
		Normal Test Mode - Source 1 (Utility)	<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
		Emergency Test Mode - Source 2 (Emergency)	<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:								

ATS Settings	Program ATS Settings to Match Setting Letter.			Comments:		
	Settings Applied to ATS: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	ATS Setting Letter File:					
	Source 1 (Normal) Dropout Voltage: _____ V		Source 1 (Normal) Pickup Voltage: _____ V			
	Source 2 (Emergency) Dropout Voltage: _____ V		Source 2 (Emergency) Pickup Voltage: _____ V			
	Transfer to Source 2 (Emergency) Time Delay: _____ sec.		Retransfer to Source 1 (Normal) Time Delay: _____ sec.			
	Source 1 to 2 Closed Transition Time: _____ sec. <input type="checkbox"/> N/A		Source 2 to 1 Closed Transition Time: _____ sec. <input type="checkbox"/> N/A			
	Source 2 (Emergency) Warm-Up Time Delay: _____ sec.		Source 2 (Emergency) Cool-Down Time Delay: _____ sec.			

ATS & PLC Control Signals	Verify Control Signals Between ATS and PLC				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 Signal	<i>Signal Description</i>	<i>ATS Pilot Light Illuminates</i>	<i>Signal Received at PLC Card</i>		<i>Signal Appears on HMI Screen</i>		<i>SCADA Can See Signal</i>	
		On Source 1 Power	<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
On Source 2 Power		<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	
	ATS Alarm	<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	

	COMMISSIONING FORM AUTOMATIC TRANSFER SWITCH		Page 3 of 3
Project	Facility:	Project Name:	
	Area:	RFP No.	Tender No.

Functional Testing	Step	Description	Result	
	1	ATS in Source 1 (Normal) Position with Source 1 Energized. ATS indicates Source 1 (Normal) available and Source 1 (Normal) position status is provided.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	2	Power down (or isolate) Source 1 (Normal). ATS indicates Source 1 (Normal) is not available.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	3	Source 2 (Emergency) start signal provided.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	4	Source 2 (Emergency) starts. ATS indicates Source 2 (Emergency) available and transfers to Source 2 (Emergency) after appropriate delay. Source 2 position status is displayed.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	5	Power up (or reconnect) Source 1 (Normal). ATS indicates Source 1 (Normal) is available and delay timer starts before transfer back to Source 1 (Normal). ATS continues to indicate Source 2 (Emergency) position status.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	6	Timer expires and ATS transfers to Source 1 (Normal). ATS indicates Source 1 (Normal) position status.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	7	Source 2 (Emergency) Stops after cool-down timer expires.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	8	Ensure loads are isolated such that a phase loss will not damage equipment. Simulate a Source 1 (Normal) phase loss condition and verify the ATS starts Source 2 (Emergency) Generator and transfers to Source 2 (Emergency).	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	9	Reinstate the lost phase on Source 1 (Normal) and verify that ATS transfers back to Source 1 (Normal) after the appropriate delay.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	10	Manually start Source 2 (Emergency) and perform a manual transfer to Source 2 (Emergency).	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	11	Perform a manual transfer back to Source 1 (Normal).	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Test Summary		Comments:		
<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive - Further Investigation Required <input type="checkbox"/> Test Failed				

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				

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	COMMISSIONING FORM			Page 1 of 2
	CUSTOMER SERVICE TERMINATION END			Equipment Tag:
Project	Facility:		Project Name:	
	Area:		RFP 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:	
		Manufacturer:		Model:		Serial #:	
	CSTE:	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	Short-Circuit Rating kAIC		
Main Disconnect Type:	<input type="checkbox"/> Breaker <input type="checkbox"/> Switch <input type="checkbox"/> N/A	Frame: A Trip: A	Inst. Setting: A	Manufacturer: Model:			

Service Size & CSTE Cabling	Service Size: kVA	Voltage: VAC	Rated Service Current: A	Service Transformer: <input type="checkbox"/> Pole <input type="checkbox"/> Padmount
		Phases: <input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø		
	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	<i>Test</i>	<i>Resistance</i>			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
		<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
	Interior Bus Bar / Cabling	µΩ	µΩ	µΩ	
	Breaker / Disconnect	µΩ	µΩ	µΩ	
Comments:					

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

Insulation Resistance Test	Test Preparation: Setup: Cable Destination / Load:				Note: Approval of City's Representative is required, prior to leaving cables connected during the test.		
	Source: <input type="checkbox"/> Isolated Contactor: <input type="checkbox"/> Open	<input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load <input type="checkbox"/> Isolated					
	WARNING: DISCONNECT ALL POWER CABLES FROM VFD MODULE AND CAPACITORS, AND DISCONNECT ALL CONTROL POWER FUSES PRIOR TO TEST.						
		<i>Test</i>	<i>Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
				<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
		Interior Bus Bar / Cabling to Ground	1000 VDC	MΩ	MΩ	MΩ	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	MΩ	MΩ	MΩ		
	Main Disconnect Load to Ground	1000 VDC	MΩ	MΩ	MΩ		
	Main Disconnect Line to Load	1000 VDC	MΩ	MΩ	MΩ		
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				

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	COMMISSIONING FORM DISCONNECT SWITCH			Page 1 of 2
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

Disconnect Location & Data	Disconnect Equipment No.		Location:		Fed From:		
	Drawings:	Single Line:		Schematic:		Connection:	
		Manufacturer:		Model:		Serial #:	
	Disconnect Ratings:	Ampacity:	A	Rated Voltage:	VAC	No. of Poles:	Auxiliary Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Withstand:	kAIC				
Fuse Ratings:	<input type="checkbox"/> Installed <input type="checkbox"/> N/A		Rating:	A	Type:	Manufacturer: Model:	

Visual Inspection / Cleaning	Disconnect 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:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Exposed Energized Metal:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Rated for Hazardous Location:		<input type="checkbox"/> Yes <input type="checkbox"/> No	All Fuse Sizes Match Drawings:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleanliness:		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Enclosure Cover Secured:		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Switchblade 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	
	Exercised Switchblade Operation:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Auxiliary Contacts Change State:		<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:						

Switchblade & Fuse Measurements	<i>Test</i>	<i>Resistance</i>			Test Summary	
		<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>		
	Switchblade Pole Measurements		$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	<input type="checkbox"/> Test Passed <input type="checkbox"/> Further Investigation Required.
	Fuse Measurements		$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	<input type="checkbox"/> Test Failed
Comments:						

Insulation Resistance Test	Test Preparation:	Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	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.		
	WARNING: Isolate Source and Load Cabling Prior To Test. Use 500 VDC for < 300 V rated and 1000 VDC for > 300 V rated.					
	<i>Test</i>	<i>Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
			<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
			Disconnect Line Side to Ground	VDC	M Ω	M Ω
	Disconnect Load Side to Ground	VDC	M Ω	M Ω	M Ω	
Disconnect Line to Load	VDC	M Ω	M Ω	M Ω		
Comments:						

	COMMISSIONING FORM DISCONNECT SWITCH		Page 2 of 2
Project	Facility:		Project Name:
	Area:	RFP 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				

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	COMMISSIONING FORM DRY TYPE TRANSFORMER			Page 1 of 2
	Equipment Tag:			
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

Transformer Location & Data	Transformer Equipment No.			Location:			Single Line Dwg:			
	Transformer Ratings:	Manufacturer:			CAT / Model No.			Serial #:		
		Primary: V		Secondary Voltage: V		Rating: kVA		<input type="checkbox"/> 1-Phase <input type="checkbox"/> 3-Phase		
		Primary Winding (3-Ph) <input type="checkbox"/> Δ <input type="checkbox"/> Y <input type="checkbox"/> Y-Gnd		Secondary Winding (3-Ph) <input type="checkbox"/> Δ <input type="checkbox"/> Y <input type="checkbox"/> Y-Gnd		Winding Material: <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper		Impedance: %Z		Temp. Rise: °C
	Transformer Taps:	<input type="checkbox"/> Primary	Tap Setting	1	2	3	4	5	6	Tap Setting On V
<input type="checkbox"/> Secondary		V		V	V	V	V	V		
<input type="checkbox"/> N/A										

Visual Inspection / Cleaning	Transformer 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Exposed Energized Metal: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Enclosure Secured: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Power 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		
	Transformer Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Neutral Bonded to Ground: <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Cleaned: <input type="checkbox"/> Yes		Photograph Taken: <input type="checkbox"/> Yes
	Comments:				

Insulation Resistance Test	Test Preparation: <input type="checkbox"/> Source Disconnected		Note: Approval of City's Representative is required, prior to leaving cables connected during the test.				
	<input type="checkbox"/> Connected with Source Isolated						
	WARNING: DISCONNECT INCOMING SOURCE POWER CABLES PRIOR TO TEST.						
	<i>Winding</i>		<i>Voltage</i>	<i>Insulation Resistance</i>			Resistance to be recorded after 60 sec.
				<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
Primary to Ground		VDC	MΩ	MΩ	MΩ	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Further Investigation Required. <input type="checkbox"/> Test Failed	
Secondary to Ground		VDC	MΩ	MΩ	MΩ		
Primary to Secondary		VDC	MΩ	MΩ	MΩ		
Comments:							

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 DRY TYPE TRANSFORMER		Page	2 of 2
				Equipment Tag:	
Project	Facility:		Project Name:		
	Area:		RFP 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 DUCT HEATER			Page 1 of 2
	Equipment Tag:			
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

Duct Heater Location & Data	Heater Equipment No.		Heater Location:		Fed From:		
	Drawings:	Single Line:		Mech. Schedule:		Schematic: <input type="checkbox"/> N/A	
		Manufacturer:		Model:		Serial #:	
	Duct Heater Ratings:	Power:	kW	Rated Voltage:	VAC	Full Load Amps:	A <input type="checkbox"/> 1-Phase <input type="checkbox"/> 3-Phase
		Flow Rate:	L/s	Control Voltage:	VAC	Stages:	SCR Controls: to V

Visual Inspection / Cleaning	Duct Heater 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		Appropriate Breaker / Fuse Size Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	SCR Control Cables Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No		SCR Controls Properly Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Heater Properly Installed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Power Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		SCR Controls Connection: <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		Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Remote Thermostat Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Remote Thermostat Cable Labelled <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes	
	Comments:				

Heater Electrical Testing	Test Preparation:		Setup: <input type="checkbox"/> Isolated	Power Cable <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.		
	WARNING: DISCONNECT ALL FIELD POWER CABLES FROM MOTOR PRIOR TO TEST.						
	<i>Test</i>		<i>Test Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
	Line to Ground		VDC	Phase A	Phase B	Phase C	
				MΩ	MΩ	MΩ	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	<i>Test</i>		<i>Tester</i>	<i>Resistance</i>			
Heating Element		Fluke Meter	Phases A-B	Phases B-C	Phases C-B		
			μΩ	μΩ	μΩ		
Comments:							

	COMMISSIONING FORM DUCT HEATER		Page 2 of 2
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP No.	Tender No.

Operational Testing	TESTING: HEATER TO BE RUN FOR TWO (2) MINUTES UNDER EACH SCR DUTY POINT PRIOR TO RECORDING VALUES. SCR DUTY POINTS FOR 0 – 10 V WOULD BE TESTED AT 0.0 V, 2.5 V, 5.0 V, 7.5 V and 10.0 V.				
	Temperature		Turn On Setpoint: °C	Actual Turn On Setpoint: °C	
	<i>SCR Duty Point</i>	<i>SCR Volts</i>	<i>Duct Heater Measured Current</i>		
			<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>
	1	V	A	A	A
	2	V	A	A	A
	3	V	A	A	A
	4	V	A	A	A
	5	V	A	A	A
Comments:					

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				

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	COMMISSIONING FORM EMERGENCY LIGHTING		Page 1 of 2
			Equipment Tag:
Project	Facility:	Project Name:	
	Area:	RFP 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 <input type="checkbox"/> No
	Photograph Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No			
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:	RFP 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				

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	COMMISSIONING FORM GENERATOR DAMPERS		Page 1 of 2
			Equipment Tag:
Project	Facility:	Project Name:	
	Area:	RFP 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)		Generator Equipment No.	HVAC Control Panel Equip. No. <input type="checkbox"/> N/A	
	Drawings:	HVAC P&ID:	Control Panel:	Dampers Loop:	
	Combustion Air Damper 1 Actuator:	Room Installed:	Equipment No.	Control Type: <input type="checkbox"/> Modulating <input type="checkbox"/> On / Off	
		Manufacturer:	Catalog No.	Serial #:	
		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	
	Combustion Air Damper 2 Actuator:	Room Installed:	Equipment No.	Type: <input type="checkbox"/> Modulating <input type="checkbox"/> On/Off	
		Manufacturer:	Catalog No.	Serial #:	
		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	Damper Lamacoids Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	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	Combustion Air Damper 1 Actuator Measured Opening Time: sec	Combustion Air Damper 1 Actuator Measured Closing Time: sec			
	Combustion Air Damper 2 Actuator Measured Opening Time: sec	Combustion Air Damper 2 Actuator Measured Closing Time: sec			
	Combustion Air Damper 1 Changes From No Ventilation to High Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Combustion Air Damper 1 Changes From High Ventilation to No Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Combustion Air Damper 2 Changes From No Ventilation to High Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Combustion Air Damper 2 Changes From High Ventilation to No Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Operating Modes	<i>Mode Description</i>	<i>Fail-Safe Position</i>	<i>No Ventilation Rate</i>	<i>High Ventilation Rate</i>
		Combustion Air Damper 1 Open Position	<input type="checkbox"/> Opened <input type="checkbox"/> Closed	%	%
		Combustion Air Damper 2 Open Position	<input type="checkbox"/> Opened <input type="checkbox"/> Closed	%	%
	Comments:				

Damper Actuator Settings	Adjust Damper Actuator Settings for Damper Balancing		Comments:	
	Damper Settings Applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Combustion Air Damper Actuators	Direction Control: <input type="checkbox"/> CCW <input type="checkbox"/> CW	Angle of Rotation Positions: Starting: Ending:	Auxiliary Switch Position: <input type="checkbox"/> Not Used



COMMISSIONING FORM GENERATOR DAMPERS

Equipment Tag:

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

Actuator Input / Output Control Signals	Verify Control Signals Between Generator 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							
	No 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>
		Generator Combustion Damper 1	<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
		Generator Combustion Damper 2	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off <input type="checkbox"/> Not Used	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>
		Generator Combustion Damper 1	<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
		Generator Combustion Damper 2	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off <input type="checkbox"/> Not Used	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	

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

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	COMMISSIONING FORM GENERATOR			Page 1 of 4
	Equipment Tag:			
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

Generator Location & Data	Generator Downstream Load:		Equipment No.		Location:			
	Drawings:	Single Line:	Generator Loop:		Gas Detector Loop:			
	Associated Equipment:	Combustion Air Damper 1 No.		Combustion Air Damper 2 No. <input type="checkbox"/> N/A		Gas Detector Instrument No. <input type="checkbox"/> N/A		
		HVAC Supply Damper:		HVAC Exhaust Damper:		HVAC Return Damper:		
	Generator:	Manufacturer:		Model:		Serial #:		
		Power Rating:	kW kVA	Rated Voltage:	VAC	Current Rating:	A	Power Factor: Efficiency:
		Engine RPM:		X'D Reactance:	%	Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane	Battery Voltage: VDC	
		Alternator RPM:		X'D Reactance:	%		No. of Batteries:	
	Engine:	Manufacturer:		Model: Horsepower HP		Serial #:		
	Main Circuit Protection:	<input type="checkbox"/> Breaker	Rating: A Auxiliary Contacts: <input type="checkbox"/> No <input type="checkbox"/> Yes	Adjustable Settings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer: Model:			
Load Bank Circuit Protection:	<input type="checkbox"/> Breaker <input type="checkbox"/> N/A	Rating: A Shunt Trip: <input type="checkbox"/> No <input type="checkbox"/> Yes	Adjustable Settings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer: Model:				
Generator Panelboard:	<input type="checkbox"/> Installed <input type="checkbox"/> N/A	Rating: VAC A	No. of Circuits:	Manufacturer: Model:				

Visual Inspection / Cleaning	Generator Lamacoid Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sufficient Cooling Provided: <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		Protection Breakers Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Generator Intake Gas Line: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Generator Exhaust Line: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Exercised Protection Breakers: <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:				

Protection Breaker Measurements	<i>Test</i>		<i>Resistance</i>			Test Summary
			<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
	Main Circuit Protection Breaker		$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	<input type="checkbox"/> Inconclusive
	Load Bank Circuit Protection Breaker		$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	<input type="checkbox"/> Test Failed
Comments:						



COMMISSIONING FORM GENERATOR

Equipment Tag:

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

Insulation Resistance Test	Test Setup: <input type="checkbox"/> Disconnected Cable Load: <input type="checkbox"/> Disconnected Preparation: Source: <input type="checkbox"/> Isolated <input type="checkbox"/> Connected with Load Isolated		Note: Approval of City's Representative is required, prior to leaving cables connected during the test.			
	WARNING: DISCONNECT ALL POWER CABLES FROM GENERATOR OUTPUT, AND DISCONNECT ALL CONTROL POWER FUSES PRIOR TO TEST.					
	<i>Test</i>	<i>Voltage</i>	<i>Insulation Resistance</i>			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
			<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
Alternator Output to Ground	1000 VDC	MΩ	MΩ	MΩ		
Comments:						

Full Load Operational Testing on Load Bank	Run generator at full load while powering the load bank. Generator should be run for at least thirty (30) minutes before recording values.						
	Total Run Time: minutes		Generator Temperature Before Starting Testing: °C		Temperature Upon Completion of Testing: °C		
	Ramp Up Time		Specified: sec		Actual: sec		
	Ramp Down Time		Specified: sec		Actual: sec		
	Generator Measured Voltage		Phase A VAC	Phase B VAC	Phase C VAC		
	Controller Displayed Voltage		Phase A VAC	Phase B VAC	Phase C VAC		
	Generator Measured Current		Phase A A	Phase B A	Phase C A		
	Controller Displayed Current		Phase A A	Phase B A	Phase C A		
	Automatic Mode Starts Generator (via Station Power Disruption): <input type="checkbox"/> Yes <input type="checkbox"/> No			Automatic Mode Stops Generator (via Station Power Restored): <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Manual Mode Starts Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No			High Gas Detection Prevents Generator from Running: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Combustion Damper(s) Open When Generator is Running: <input type="checkbox"/> Yes <input type="checkbox"/> No			HVAC Ventilation Dampers Operate When Generator is Running: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Operating Modes	<i>Mode Description</i>		<i>Generator Running</i>		<i>Controller Indicates Generator Running</i>	
		Automatic Mode – Utility Power Available		<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
		Automatic Mode – Loss of Utility Power		<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
		Automatic Mode – Low Gas Detection		<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
Automatic Mode – High Gas Detection		<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		
Manual Mode – Low Gas Detection		<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		
Manual Mode – High Gas Detection		<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 GENERATOR

Page 3 of 4

Equipment Tag:

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

Generator Controller Settings	Program Generator Controller Settings to Match Setting Letter.		Comments:	
	Settings Applied to Controller: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Controller Setting Letter File:			
	Output Voltage:	VAC	Output Frequency	Hz
	Engine Warmup Time:	sec.	Engine Cool Down Time:	sec.

Generator & PLC Control Signals	Verify Control Signals Between Generator Controller and PLC			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 Signals	<i>Signal Description</i>	<i>Generator Controller Indicates Status</i>	<i>Signal Shown on PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>
		Auto 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
		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
		Running	<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
		Alarm	<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
Generator Breaker Closed		<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	
Load Bank Breaker Shunt Trip	<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		

Functional Testing	Step	Description	Result
	1	Set Generator in Auto Mode with Utility powering the Station. Ensure ATS is in Auto Mode.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	2	Verify Generator breaker and Load Bank breaker are both closed.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	3	Power down (or isolate) Utility power. Verify ATS sends a start signal to Generator.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	4	Generator starts and after appropriate delay, Generator is connected to power Station loads.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	5	Start a pump and ensure Generator can power the load.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	6	Verify Load Bank breaker has been opened by a shunt trip.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	7	Try starting additional pumps. If the generator is sized for powering more than one pump then verify Generator powers additional pumps. Otherwise verify that additional pumps are not capable of being started.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	8	Verify Generator displays phase voltages and currents for all powered loads and record values. Phase A Voltage: VAC Phase B Voltage: VAC Phase C Voltage: VAC Phase A Current: A Phase B Current: A Phase C Current: A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	9	Once the Wet Well has been pumped down, stop the pump(s) from running.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	10	Restore Utility power at the ATS.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	After transfer timer expires, verify ATS transfers back to Utility power source.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

		COMMISSIONING FORM GENERATOR		Page 4 of 4
		Equipment Tag:		
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

Generator Breaker Settings	12	Verify ATS sends cool down signal to Generator.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	13	After cool down timer expires, verify Generator has stopped running.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	14	Manually start Generator and perform a manual transfer on the ATS to the Generator	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	15	Start a pump and ensure Generator can power the load.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	16	Once the Wet Well has been pumped down, stop the pump(s) from running.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	17	Perform a manual transfer on the ATS back to Utility power source.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	18	Verify ATS has been put back into Auto mode.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	19	Manually stop the Generator and put the Generator back into Auto mode.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Test Summary		<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive - Further Investigation Required <input type="checkbox"/> Test Failed	
Comments:				

Generator Breaker Settings	Provide Final Generator Breaker Adjustable Settings				
	Trip Plug	<input type="checkbox"/> N/A	Manufacturer:	Model:	Trip Plug Size: A
	Long Time Settings	<input type="checkbox"/> N/A	Pickup:	Time Delay:	
	Short Time Settings	<input type="checkbox"/> N/A	Pickup:	Time Delay:	
	Instantaneous Settings	<input type="checkbox"/> N/A	Pickup:	Time Delay:	
	Ground Settings	<input type="checkbox"/> N/A	Pickup:	Time Delay:	
Comments:					

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
Project	Facility:		Project Name:	
	Area:		RFP 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

Equipment Tag:

Project	Facility:	Project Name:		
	Area:	RFP 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"/> Not Used	<input type="checkbox"/> RTD <input type="checkbox"/> PT100 <input type="checkbox"/> PT1000 <input type="checkbox"/> 4-20 mA	<input type="checkbox"/> Low ≤ °C <input type="checkbox"/> High > °C	<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"/> N/A % <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"/> Not Used	<input type="checkbox"/> RTD <input type="checkbox"/> PT100 <input type="checkbox"/> PT1000	<input type="checkbox"/> Low ≤ °C <input type="checkbox"/> High > °C	<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"/> N/A % <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"/> Not Used		<input type="checkbox"/> Discrete Input 1 <input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	Low (0) High (1)		<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
	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"/> Not Used		<input type="checkbox"/> Discrete Input 1 <input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	Low (0) High (1)		<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
	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 High	<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	V / mA 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 High	<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	V / mA V / mA	

	COMMISSIONING FORM HVAC CONTROLLER		Page 3 of 3
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP 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				

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	COMMISSIONING FORM HVAC DAMPERS		Page 1 of 3
Project	Facility:	Project Name:	
	Area:	RFP 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:	Dampers Loop:	
	Supply Damper Actuator:	Room Installed:	Equipment No.	Control Type: <input type="checkbox"/> Modulating <input type="checkbox"/> On / Off	
		Manufacturer:	Catalog No.	Serial #:	
		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.	Type: <input type="checkbox"/> Modulating <input type="checkbox"/> On/Off	
		Manufacturer:	Catalog No.	Serial #:	
		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.	Type: <input type="checkbox"/> Modulating <input type="checkbox"/> On/Off	
		Manufacturer:	Catalog No.	Serial #:	
		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

Equipment Tag:

Project	Facility:	Project Name:	
	Area:	RFP 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	Actuator	Signal Type	Measured Input Voltage	Measured Output Voltage	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
		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	Actuator	Signal Type	Measured Input Voltage	Measured Output Voltage	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
		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:		RFP No.	Tender No.	

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

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	COMMISSIONING FORM HVAC FANS & STARTERS			Page 1 of 3	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RFP No.	Tender No.	

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

Starter Location & Data	Starter Downstream Load:		Starter Location:		Section No. <input type="checkbox"/> N/A	
	Drawings:	Single Line:	Schematic:		Connection:	
	Contactor Ratings:	Manufacturer:		Model:		Serial #:
		Power Rating:	Rated Voltage: VAC	Current Rating: A	Control Voltage: VAC	
	Circuit Protection:	<input type="checkbox"/> Breaker <input type="checkbox"/> Fuse	Rating: A	Inst. Setting: A	Manufacturer: Model:	
	Exhaust 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
	Supply 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:	<input type="checkbox"/> AC-3	<input type="checkbox"/> AC-4
	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		

Exhaust Fan 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:

Supply Fan 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	Fan Lamacoid(s) 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		Elec / Mech Interlocks: <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		Contactor Alignment: <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 are correctly sized for the loads: <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 HVAC FANS & STARTERS

Equipment Tag:

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

Operational Testing	Exhaust Fan Measured Current	Phase A	A	Phase B	A	Phase C	A			
	Supply Fan Measured Current	Phase A	A	Phase B	A	Phase C	A			
	Operating Modes	<i>Mode Description</i>			<i>Run Start & Stop</i>		<i>Overload Disables Run</i>			
		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
		Automatic 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
Comments:										

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 INSTRUMENT TRANSMITTER (CONTROLLER)			Page 1 of 3	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RFP No.	Tender No.	

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

Instrument Data	Drawings:	P&ID:	Control Panel:	Loop Diagram:	
	Instrument:	Room Installed:	Equipment No.	Output Signal: <input type="checkbox"/> 4 – 20 mA <input type="checkbox"/> 0 – 10V	
		Manufacturer:	Catalog No.	Serial #:	
		Power Supply: VAC / VDC	Loop Powered <input type="checkbox"/> Yes <input type="checkbox"/> No	Auxiliary Contacts Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Visual Inspection / Cleaning	Instrument Lamacoid Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Instrument Properly Mounted: <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	Wiring Matches Loop Diagram: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor				
	Fully Functioning Instrument: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Fully Functioning Output Signal(s): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor				
	Instrument Display Works Properly: <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:					

Instrument Operational Testing	Test instrument for normal analog reading level along with alarm level condition.						
	Operational testing should be done as follows: 1. For flow detection, use a multimeter to simulate 2. For gas detection, use a gas calibration kit to simulate signal for flow alarm level 3. For level detection, use a physical level and/or simulated signal for level alarm level. 4. For pressure detection, use a multimeter to simulate signal for pressure alarm level. 5. For temperature detection, use a heat gun and/or multimeter for temperature alarm level. 6. For vibration detection, use a multimeter to simulate signal for vibration alarm level.						
	Analog Outputs Match Instrument Readings: <input type="checkbox"/> Yes <input type="checkbox"/> No			Display Reflects Instrument Readings (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Alarm Condition Visually Appears on Display (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			Alarm Condition Annunciates from Instrument (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Alarm Outputs Automatically Reset Once Alarm Levels Clear (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No			Alarm Output Contacts Change State When Alarm Levels Reached (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Operating Modes	<i>Sensor</i>	<i>Mode Description</i>	<i>Alarm Output Contact State</i>	<i>Measured Analog Output Signal</i>	<i>Instrument Display (include units)</i>	
		Sensor 1	Instrument Normal Level Operation	<input type="checkbox"/> Opened <input type="checkbox"/> Closed <input type="checkbox"/> N/A	<input type="checkbox"/> mA <input type="checkbox"/> V	<input type="checkbox"/> N/A	
			Instrument Alarm Level Operation	<input type="checkbox"/> Opened <input type="checkbox"/> Closed <input type="checkbox"/> N/A	<input type="checkbox"/> mA <input type="checkbox"/> V	<input type="checkbox"/> N/A	
		Sensor 2 <input type="checkbox"/> N/A	Instrument Normal Level Operation	<input type="checkbox"/> Opened <input type="checkbox"/> Closed <input type="checkbox"/> N/A	<input type="checkbox"/> mA <input type="checkbox"/> V	<input type="checkbox"/> N/A	
	Instrument Alarm Level Operation		<input type="checkbox"/> Opened <input type="checkbox"/> Closed <input type="checkbox"/> N/A	<input type="checkbox"/> mA <input type="checkbox"/> V	<input type="checkbox"/> N/A		
Comments:							



COMMISSIONING FORM INSTRUMENT TRANSMITTER (CONTROLLER)

Equipment Tag:

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

Instrument Output Control Signals	Verify Control Signals Between Instrument and Control Panel				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						
	Analog Output Signal 1	Signal Type (Flow, Gas Reading, Level, Pressure, Temperature, Vibration, etc.)	Transmitter Display (include units)	Measured Output Signal	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
			<input type="checkbox"/> N/A	<input type="checkbox"/> mA <input type="checkbox"/> V	<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
	Analog Output Signal 2	Signal Type (Flow, Gas Reading, Level, Pressure, Temperature, Vibration, etc.)	Transmitter Display (include units)	Measured Output Signal	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
			<input type="checkbox"/> N/A	<input type="checkbox"/> mA <input type="checkbox"/> V	<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
	Discrete Output 1	Signal Description	State	Description	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
		<input type="checkbox"/> N/A	0		<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
			1		<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
	Discrete Output 2	Signal Description	State	Description	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
		<input type="checkbox"/> N/A	0		<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
			1		<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
	Discrete Output 3	Signal Description	State	Description	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
		<input type="checkbox"/> N/A	0		<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
1				<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	
Discrete Output 4	Signal Description	State	Description	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal	
	<input type="checkbox"/> N/A	0		<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	
		1		<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 INSTRUMENT TRANSMITTER (CONTROLLER)		Page 3 of 3
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP 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 LIFT PUMP			Page 1 of 2
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

Lift Pump Location & Data	Drawings:	Single Line:		Schematic:		Connection:		
	Motor:	Equipment No.		Location:		Enclosure Type: <input type="checkbox"/> ODP <input type="checkbox"/> TEFC		
		Manufacturer:		Model:		Serial No.		
		Power:	HP	Voltage:	VAC	<input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø	Full Load Amps:	A
		Speed:	RPM	Service Factor:	Efficiency:		Power Factor:	
		Inverter Duty Rated:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Insulation Class:	Ambient Temp. °C		Weight: lbs	
	Pump:	Equipment No.		Location:		Mech. Seal: <input type="checkbox"/> Single <input type="checkbox"/> Double		
		Manufacturer:		Model:		Serial No.		
		Impeller Size:	mm	Driver Power:	kW	Flow:	L/s @ TDH m	Speed:

Visual Inspection / Cleaning	Motor Lamacoid Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pump Lamacoid Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Drive Shaft Connected:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Motor Power Cables Labelled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Control Cables Labelled:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Motor Operation:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Pump Operation:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Motor Mounting Installation:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Pump Mounting Installation:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	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	Ground Connections:	<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	Mechanical Noise / Vibrations	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Seal Water Automatically Turns On:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Seal Water Automatically Turns Off:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Cables Supported Appropriately:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Cleaned:	<input type="checkbox"/> Yes	Photographs Taken:	<input type="checkbox"/> Yes
	Comments:					

Motor Electrical Testing	Test Preparation:	Setup: <input type="checkbox"/> Isolated	Power Cable <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.		
	WARNING: DISCONNECT ALL FIELD POWER CABLES FROM MOTOR PRIOR TO TEST.					
	<i>Test</i>	<i>Test Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
	Line to Ground	VDC	<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
	<i>Test</i>	<i>Tester</i>	<i>Resistance</i>			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Winding Resistance	Fluke Meter	<i>Phases A-B</i>	<i>Phases B-C</i>	<i>Phases C-B</i>	
	Comments:					



COMMISSIONING FORM LIFT PUMP

Equipment Tag:

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

Full Load Operational Testing	TESTING: MOTOR AND PUMP TO BE RUN FOR FIVE (5) MINUTES UNDER FULL LOAD PRIOR TO RECORDING VALUES.					
	Bearing Temperature <input type="checkbox"/> N/A	Recommended Alarm Level: °C	Recommended Lockout Level: °C			
	Bearing Vibration <input type="checkbox"/> N/A	Recommended Alarm Level: mm/s	Recommended Lockout Level: mm/s			
	Motor Winding Temperature <input type="checkbox"/> N/A	Recommended Alarm Level: °C	Recommended Lockout Level: °C			
	Motor Measured Current:	Phase A A	Phase B A	Phase C A		
	Starter Displayed Current:	Phase A A	Phase B A	Phase C A		
	Bearing Monitoring	<i>Bearing Description</i>	<i>Monitoring Signal</i>	<i>Measured Value</i>	<i>Calculated Value</i>	<i>PLC / HMI Displayed Value</i>
		Motor Drive End (Upper)	Temperature <input type="checkbox"/> N/A Vibration <input type="checkbox"/> N/A	Ω mA	°C mm/s	°C mm/s
		Motor Drive End (Lower)	Temperature <input type="checkbox"/> N/A Vibration <input type="checkbox"/> N/A	Ω mA	°C mm/s	°C mm/s
		Pump Drive End (Upper)	Temperature <input type="checkbox"/> N/A Vibration <input type="checkbox"/> N/A	Ω mA	°C mm/s	°C mm/s
		Pump Drive End (Lower)	Temperature <input type="checkbox"/> N/A Vibration <input type="checkbox"/> N/A	Ω mA	°C mm/s	°C mm/s
	Motor Winding	<i>Motor Winding Description</i>	<i>Monitoring Signal</i>	<i>Measured Value</i>	<i>Calculated Value</i>	<i>Alarm Contact to PLC Initiated</i>
		Phase A	Temperature <input type="checkbox"/> N/A	Ω	°C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Phase B	Temperature <input type="checkbox"/> N/A	Ω	°C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Phase C	Temperature <input type="checkbox"/> N/A	Ω	°C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Seal Water	<i>Seal Water Instrument</i>	<i>Motor Status</i>	<i>Instrument Output Status</i>		<i>Output Received at Seal / PLC</i>	
	Solenoid <input type="checkbox"/> N/A	Running Stopped	<input type="checkbox"/> Closed <input type="checkbox"/> Closed	<input type="checkbox"/> Opened <input type="checkbox"/> Opened	<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	
	Flow Switch <input type="checkbox"/> N/A	Running Stopped	<input type="checkbox"/> Closed <input type="checkbox"/> Closed	<input type="checkbox"/> Opened <input type="checkbox"/> Opened	<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:						

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 MOTOR CONTROL CENTRE		Page 1 of 4
			Equipment Tag:
Project	Facility:	Project Name:	
	Area:	RFP No.	Tender No.

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

MCC Location & Data	MCC Equipment No.	MCC Location:	No. of Sections	
	Drawings: Single Line:	Elevation:	Three-Line:	
	MCC:	Manufacturer:	Model:	Serial #:
		Rated Voltage: VAC	Vertical Bus Current Rating: A	Horizontal Bus Current Rating: A
		Service Entrance Rated: <input type="checkbox"/> No <input type="checkbox"/> Yes	Neutral Bus: <input type="checkbox"/> No <input type="checkbox"/> Yes	Cabling Entry <input type="checkbox"/> Bottom <input type="checkbox"/> Top
		Withstand Rating: kAIC	Control Voltage: VAC	No. of Wires: <input type="checkbox"/> 3W <input type="checkbox"/> 4W
	Main Circuit Feed Protection:	<input type="checkbox"/> Breaker <input type="checkbox"/> Fuse <input type="checkbox"/> N/A	Frame Size: A Trip Size: A	Withstand Rating: kAIC Manufacturer: Model: Trip Plug: <input type="checkbox"/> LI <input type="checkbox"/> LSI <input type="checkbox"/> LSIG
		Alternate Circuit Feed Protection:	<input type="checkbox"/> Breaker <input type="checkbox"/> Fuse <input type="checkbox"/> N/A	Frame Size: A Trip Size: A
	Power Meter		<input type="checkbox"/> Installed <input type="checkbox"/> N/A	Metering Type: <input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø
		Current Transformer Ratio: : A		Metering Voltage: VAC
	Transient Voltage Surge Suppressor	<input type="checkbox"/> Installed <input type="checkbox"/> N/A	Rating: kA MCOV: VAC <input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø	Manufacturer: Model: Instrument No.
	Power Failure Relay:	<input type="checkbox"/> Installed <input type="checkbox"/> N/A	Voltage: VAC <input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø	Manufacturer: Model: Instrument No.

Visual Inspection / Cleaning	MCC Lamacoid Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	All Pilot Device Lamacoids Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual Signs of Moisture: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating / Corona: <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
	Circuit Breakers Match Drawings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Power/Control Fuses Match Drawings: <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	Vents / Filter Conditions: <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	All Instruments Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Required Clearances Met: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	All Buckets Securely Closed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	All Terminal Blocks Properly Labelled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Exercised All Breakers & Disconnects: <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 MOTOR CONTROL CENTRE

Equipment Tag:

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

Contact / Pole Measurements	<i>Test</i>	<i>Resistance Line-to-Load</i>			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
		<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
	Main Breaker <input type="checkbox"/> N/A	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	
	Alternate Source Breaker <input type="checkbox"/> N/A	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	
	Downstream MCC Feeder Breaker <input type="checkbox"/> N/A	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	
	P-L01 Breaker <input type="checkbox"/> N/A	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	
	P-L02 Breaker <input type="checkbox"/> N/A	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	
	P-L03 Breaker <input type="checkbox"/> N/A	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	
	P-L04 Breaker <input type="checkbox"/> N/A	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	
	Comments:				

Insulation Resistance Test	Test Preparation: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	Cable Destination / 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.			
	<i>Test</i>	<i>Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
			<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
	MCC Vertical Bus Phase to Ground	1000 VDC	$M\Omega$	$M\Omega$	$M\Omega$	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	MCC Vertical Bus Phase to Phase	1000 VDC	$M\Omega$	$M\Omega$	$M\Omega$	
	MCC Horizontal Bus Phase to Ground	1000 VDC	$M\Omega$	$M\Omega$	$M\Omega$	
MCC Horizontal Bus Phase to Phase	1000 VDC	$M\Omega$	$M\Omega$	$M\Omega$		
Comments:						

MCC Feeder Buckets	Visual Inspection Requirements: G = Good, A = Acceptable, P = Poor. Comments required for any breakers listed as Poor condition.							
	<ol style="list-style-type: none"> 1. Record all feeder bucket fuses and circuit breakers tying into MCC bus. 2. Confirm identification tag / lamacoid is installed. 3. Look for visual signs of overheating. 4. Inspect and torque connections. 5. Confirm disconnect operation and exercise operation including with circuit breaker. 6. Confirm cables are supported and routed appropriately. 							
	<i>Bucket ID</i>	<i>Cell Location</i>	<i>Frame Size</i>	<i>Trip Size</i>	<i>Manufacturer</i>	<i>Model</i>	<i>Visual Inspection</i>	<i>Comments</i>
			A	A				
			A	A				
			A	A				
			A	A				
			A	A				
			A	A				
			A	A				



COMMISSIONING FORM MOTOR CONTROL CENTRE

Equipment Tag:

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

MCC Device Settings	Adjust MCC Device Settings to Match Single Line and record final values below.				Comments:		
	Settings Applied to MCC Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Settings Applied to MCC Relays: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Source Breakers	Main <input type="checkbox"/> N/A	Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s	Ground Settings <input type="checkbox"/> N/A Pickup: Delay: s	
		Alt (Gen) <input type="checkbox"/> N/A	Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s	Ground Settings <input type="checkbox"/> N/A Pickup: Delay: s	
	Feeder Breakers	P-L01	Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s		
		<input type="checkbox"/> N/A	Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s		
		P-L03	Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s		
		<input type="checkbox"/> N/A	Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s		
		<input type="checkbox"/> N/A	Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s		
<input type="checkbox"/> N/A		Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s			
<input type="checkbox"/> N/A		Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s			
<input type="checkbox"/> N/A		Long Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Short Time Settings <input type="checkbox"/> N/A Pickup: Delay: s	Instantaneous Settings <input type="checkbox"/> N/A Pickup: Delay: s			
Relays	Power Failure <input type="checkbox"/> N/A	% Unbalance Settings <input type="checkbox"/> N/A Percentage:	Delay Time Settings <input type="checkbox"/> N/A Restart: s Trip: s	Line Voltage Settings <input type="checkbox"/> N/A Voltage: VAC			

MCC Instrument Signals	Verify Control Signals Between MCC and PLC				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 Signals	<i>Signal Description</i>	<i>Display Light Illuminates</i>	<i>Signal Received at PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>	
		TVSS Status <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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Power Failure <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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



COMMISSIONING FORM MOTOR CONTROL CENTRE

Equipment Tag:

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

MCC Instrument Testing	Power Meter Fully Functions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Comments:							
	TVSS Relay Fully Functions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
	TVSS Relay Fail-Safe Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
	TVSS Relay Resets Automatically: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
	Power Fail Relay Fully Functions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								Test Meter Manufacturer: Model: Calibration Date:			
	Power Fail Relay Fail-Safe Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
	Power Fail Relay Resets Automatically <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
	Power Meter	<i>Description</i>	<i>Phase</i>	<i>Desired Value</i>	<i>Displayed Value</i>	<i>Measured Value</i>	<i>Difference</i>	<i>Acceptable</i>				
		Voltage Line - Ground	A	347 V	V	V	V	<input type="checkbox"/> Yes <input type="checkbox"/> No				
			B	347 V	V	V	V	<input type="checkbox"/> Yes <input type="checkbox"/> No				
			C	347 V	V	V	V	<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Current Line - Ground	A	A	A	A	A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
			B	A	A	A	A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	C		A	A	A	A	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	TVSS Relay	<i>Desired Phase Line Voltage</i>			<i>Test Meter Measured Phase Line Voltage</i>			<i>State (0 / 1)</i>	<i>State Description (Normal / Alarm)</i>			
A - B		B - C	C - A	A - B	B - C	C - A						
600 V		600 V	600 V	V	V	V						
Test Surge		600 V	600 V	V	V	V						
600 V		Test Surge	600 V	V	V	V						
600 V		600 V	Test Surge	V	V	V						
Power Fail Relay	<i>Desired Phase Line Voltage</i>			<i>Test Meter Measured Phase Line Voltage</i>			<i>State (0 / 1)</i>	<i>State Description (Normal / Alarm)</i>				
	A - B	B - C	C - A	A - B	B - C	C - A						
	600 V	600 V	600 V	V	V	V						
	0 V	600 V	600 V	V	V	V						
	600 V	0 V	600 V	V	V	V						
	600 V	600 V	0 V	V	V	V						

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 MOTORIZED VALVE		Page 1 of 2
Project	Facility:		Project Name:
	Area:		RFP No. Tender No.

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

Motorized Valve Location & Data	Motorized Valve Equipment No.		Location:	Control Panel Equipment No. <input type="checkbox"/> N/A	
	Drawings: P&ID:		Control Panel:	Loop Diagram:	
	Motorized Valve:	Manufacturer:		Model / CAT No.	Serial #:
		Power Supply:	VAC / VDC	Torque: Nm	Control Type: <input type="checkbox"/> Modulating <input type="checkbox"/> On / Off
		Control Input:	VAC / VDC	Control Output: VAC / VDC	Auxiliary Switch Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remote Manual Station: <input type="checkbox"/> N/A	Manufacturer:		Model / CAT No.	Display Screen Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Visual Inspection / Cleaning	Motorized Valve Lamacid 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		
	Remote Manual Operator Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Position Indicator Installed: <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		Ground Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Fully Functioning Valve: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Valve Properly Installed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	All Valve Inputs Work: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		All Valve 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	Motorized Valve Measured Opening Time: sec		Motorized Valve Measured Closing Time: sec		
	Motorized Valve Measured Opening Voltage: V		Motorized Valve Measured Closing Voltage: V		
	Motorized Valve Changes From Open to Closed Position: <input type="checkbox"/> Yes <input type="checkbox"/> No		Motorized Valve Changes From Closed to Open Position: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Operating Modes	<i>Mode Description</i>		<i>Fail-Safe Position</i>	<i>Minimum Open Position</i>
		Motorized Valve Position		<input type="checkbox"/> Opened <input type="checkbox"/> Closed <input type="checkbox"/> N/A	%
Comments:					

Valve Settings	Adjust Damper Actuator Settings for Damper Balancing		Comments:	
	Motorized Valve	Open Direction Control	Angle of Rotation Positions	Auxiliary Switch Position
		<input type="checkbox"/> CCW <input type="checkbox"/> CW	Starting: Ending:	<input type="checkbox"/> Not Used



COMMISSIONING FORM MOTORIZED VALVE

Equipment Tag:

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

Motorized Valve Input / Output Control Signals	Verify Control Signals Between Controller and Valve				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							
	Minimum Open Position	Description	Control Signal Type	Measured Input Signal	Measured Output Voltage	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
		Motorized Valve	<input type="checkbox"/> 4 – 20 mA <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	<input type="checkbox"/> mA <input type="checkbox"/> V	<input type="checkbox"/> mA <input type="checkbox"/> V	<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
	Maximum Open Position	Description	Signal Type	Measured Input Voltage	Measured Output Voltage	Output Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
Motorized Valve		<input type="checkbox"/> 4 – 20 mA <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	<input type="checkbox"/> mA <input type="checkbox"/> V	<input type="checkbox"/> mA <input type="checkbox"/> V	<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	

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

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	COMMISSIONING FORM OUTDOOR LIGHTING			Page 1 of 2	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RFP 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	
								Adjustable Turn-Off Level:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rated Voltage: VAC		Rated Current: A		Installed Location:		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		Photograph Taken: <input type="checkbox"/> Yes	
	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		Page 2 of 2
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP 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				

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	COMMISSIONING FORM PANELBOARD			Page 1 of 2
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

Panelboard Location & Data	Panel Equipment No.			Panel Location:		Fed From:	
	Drawings:	Single Line:		Panel Schedule:		Schematic:	
	Panelboard Ratings:	Manufacturer:		Model:		Serial #:	
		Ampacity: Withstand:	A kAIC	Rated Voltage:	VAC	No. of Circuits:	<input type="checkbox"/> Single Phase <input type="checkbox"/> 3-wire <input type="checkbox"/> Three Phase <input type="checkbox"/> 4-wire
	Main Breaker:	<input type="checkbox"/> Top Installed <input type="checkbox"/> Bottom Installed <input type="checkbox"/> N/A	Rating: A	Inst. Setting:	A <input type="checkbox"/> N/A	Manufacturer: Model:	

Branch Breakers	<i>List all branch breakers installed. Separate each common size breaker for number of poles (1-pole, 2-pole & 3-pole) and GFCI rated.</i>						
	Breaker Size (A)	No. of Poles	GFCI Rated (Yes / No)	Manufacturer	Model No.	Interrupting Rating (kA)	Notes
Comments:							

Visual Inspection / Cleaning	Panelboard Lamacoid Installed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Power Cables Labeled:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Exposed Energized Metal:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Typewritten Directory Installed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	All Breaker Sizes Match Drawings:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleanliness:		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Enclosure Cover Secured:		<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	
	Exercised Main Breaker:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Exercised All Branch Circuit Breakers:		<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:						

Main Breaker Measurements	<i>Test</i>	<i>Resistance</i>			Test Summary
		<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
	Main Breaker Pole Measurements	$\mu\Omega$	$\mu\Omega$	$\mu\Omega$	<input type="checkbox"/> Test Passed <input type="checkbox"/> Further Investigation Required. <input type="checkbox"/> Test Failed
Comments:					



COMMISSIONING FORM PANELBOARD

Equipment Tag:

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

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.				
	WARNING: DISCONNECT INCOMING SOURCE POWER CABLES PRIOR TO TEST.						
		<i>Test</i>	<i>Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
				<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
		Main Breaker Line Side to Ground	500 VDC	MΩ	MΩ	MΩ	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Further Investigation Required. <input type="checkbox"/> Test Failed
		Main Breaker Load Side to Ground	500 VDC	MΩ	MΩ	MΩ	
	Bus Bars to Ground	500 VDC	MΩ	MΩ	MΩ		
Comments:							

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				

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COMMISSIONING FORM PLC ANALOG INPUT CARD

Page 1 of 2

Equipment Tag:

Project	Facility:	Project Name:		
	Area:	RFP 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:	RFP 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 INPUT RTD CARD**

Equipment Tag:

Project	Facility:	Project Name:	
	Area:	RFP 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 RTD 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 Range	PLC Input	Local HMI	SCADA	Condition Pickup Level	Pass (P/F)
0			<input type="checkbox"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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"/> 2-wire RTD <input type="checkbox"/> 3-wire RTD <input type="checkbox"/> PT100	°C - °C	<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 RTD CARD		Page 2 of 2
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP 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
Project	Facility:	Project Name:	
	Area:	RFP 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 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	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	

		COMMISSIONING FORM PLC ANALOG OUTPUT CARD		Page 2 of 2
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender 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 INPUT CARD			Page 1 of 3	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RFP 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:				

TESTING: ALL DISCRETE INPUTS SHOULD BE TESTED AT THE INSTRUMENT END AS BEST AS POSSIBLE TO VERIFY CABLING. AS AN EXAMPLE, A MANUAL MODE STATUS WOULD BE TESTED AT THE MOTOR STARTER SELECTOR SWITCH TO VERIFY STATES AT THE PLC CARD.

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	



**COMMISSIONING FORM
PLC DISCRETE INPUT CARD**

Equipment Tag:

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

TESTING: ALL DISCRETE INPUTS SHOULD BE TESTED AT THE INSTRUMENT END AS BEST AS POSSIBLE TO VERIFY CABLING. AS AN EXAMPLE, A MANUAL MODE STATUS WOULD BE TESTED AT THE MOTOR STARTER SELECTOR SWITCH TO VERIFY STATES AT THE PLC CARD.

Point	Physical Tag	Description	State	State Description	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
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	
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	

TESTING: ALL DISCRETE INPUTS SHOULD BE TESTED AT THE INSTRUMENT END AS BEST AS POSSIBLE TO VERIFY CABLING. AS AN EXAMPLE, A MANUAL MODE STATUS WOULD BE TESTED AT THE MOTOR STARTER SELECTOR SWITCH TO VERIFY STATES AT THE PLC CARD.

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	



COMMISSIONING FORM PLC DISCRETE INPUT CARD

Equipment Tag:

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

TESTING: ALL DISCRETE INPUTS SHOULD BE TESTED AT THE INSTRUMENT END AS BEST AS POSSIBLE TO VERIFY CABLING. AS AN EXAMPLE, A MANUAL MODE STATUS WOULD BE TESTED AT THE MOTOR STARTER SELECTOR SWITCH TO VERIFY STATES AT THE PLC CARD.

Point	Physical Tag	Description	State	State Description	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
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	
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
Project	Facility:		Project Name:	
	Area:		RFP 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"/>	

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 PLC DISCRETE OUTPUT CARD		Page 2 of 2
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

Comments:

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

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	COMMISSIONING FORM PLC SYSTEM		Page 1 of 2
Project	Facility:		Project Name:
	Area:		RFP 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:
	PLC No. of Modules (Slots)		Rated PLC Voltage: VAC / VDC	Communication to SCADA: <input type="checkbox"/> Wired <input type="checkbox"/> Wireless
	HMI Screen Installed: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		HMI Manufacturer:	HMI Model:
	Documents:	Power Dist Schem.	Pump Ctrl Schematic:	Control Narrative:
		Network Diagram:	PLC Mode Schematic	DNP3 I/O List:
	PLC:	Power Supply Catalog No.	Rack Number	Module (Slot) No.
		Processor Card Catalog No.	Rack Number	Module (Slot) No.
		Communication Card Catalog No.	Rack Numbers	Module (Slot) No.

Visual Inspection / Cleaning	PLC Lamacoid Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		PLC Properly Mounted: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Fully Functioning PLC: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		PLC Fully Programmed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	All Cards Work: <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	Wet Well Levels Start and Stop Pumps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Comments:		
	PLC Mode Cycles Pump Duties: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	HMI Screen Functions Properly: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	Alarm Test Switch Block Alarms to SCADA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	HMI Screen Functions Properly: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	Local Mode Pushbutton Works: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				PLC Mode Pushbutton Works: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	PLC Reset Clears PLC Mode Fail Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				PLC Mode Fails to Local Mode: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	SCADA Wireless Connection Works: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				SCADA Wired Connection Works: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	PLC Mode Operation	<i>Pump Duty</i>	<i>Setpoint</i>	<i>Setpoint Level</i>	<i>Output Changes Pump Status</i>	<i>Duty Output Appears on HMI</i>	
		Duty 1	Start	m	<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	
			Stop	m	<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	
		Duty 2 <input type="checkbox"/> N/A	Start	m	<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	
			Stop	m	<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	
Duty 3 <input type="checkbox"/> N/A		Start	m	<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		
		Stop	m	<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		
Duty 4 <input type="checkbox"/> N/A		Start	m	<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		
	Stop	m	<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			

	COMMISSIONING FORM PLC SYSTEM		Page 2 of 2
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP No.	Tender No.

PLC Settings	Program PLC Settings to Match Control Narrative.	Comments:
	Programming Applied to PLC: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	PLC Programming by: Company Name	

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				

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	COMMISSIONING FORM UNIT HEATER			Page 1 of 2	
					Equipment Tag:
Project	Facility:		Project Name:		
	Area:		RFP No.	Tender No.	

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

Unit Heater Location & Data	Heater Equipment No.		Heater Location:		Fed From:	
	Drawings:	Single Line:		Mech. Schedule:		Schematic: <input type="checkbox"/> N/A
		Unit Heater Ratings:		Model:		Serial #:
	Power: kW		Rated Voltage: VAC	Full Load Amps: A		<input type="checkbox"/> 1-Phase <input type="checkbox"/> 3-Phase

Visual Inspection / Cleaning	Unit Heater 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		Appropriate Breaker / Fuse Size Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Heater Properly Installed: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Power Connection: <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		
	Remote Thermostat Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Remote Thermostat Cable Labelled <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes	
	Comments:				

Heater Electrical Testing	Test Preparation: Setup: Power Cable		<input type="checkbox"/> Disconnected		Note: Approval of City's Representative is required, prior to leaving cables connected during the test.		
	Source: <input type="checkbox"/> Isolated		<input type="checkbox"/> Connected				
	WARNING: DISCONNECT ALL FIELD POWER CABLES FROM MOTOR PRIOR TO TEST.						
	<i>Test</i>		<i>Test Voltage</i>	<i>Insulation Resistance</i>			Ground all phases not under test!
	Line to Ground		VDC	<i>Phase A</i>	<i>Phase B</i>	<i>Phase C</i>	
				MΩ	MΩ	MΩ	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
<i>Test</i>		<i>Tester</i>	<i>Resistance</i>				
Heating Element		Fluke Meter	<i>Phases A-B</i>	<i>Phases B-C</i>	<i>Phases C-B</i>		
			μΩ	μΩ	μΩ		
Comments:							

Full Load Testing	TESTING: HEATER TO BE RUN FOR FIVE (5) MINUTES UNDER FULL LOAD PRIOR TO RECORDING VALUES.					
	Temperature:		Turn On Setpoint: °C		Actual Turn On Setpoint: °C	
	Heater Measured Current:		Phase A A	Phase B A	Phase C A	
	Comments:					

	COMMISSIONING FORM UNIT HEATER		Page 2 of 2
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP 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				

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	COMMISSIONING FORM VARIABLE FREQUENCY DRIVE			Page 1 of 3
Project	Facility:		Project Name:	
	Area:		RFP No.	Tender No.

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

VFD Location & Data	VFD Equipment No.		VFD Location:		Downstream Load.				
	Drawings:	Single Line:		Schematic:		Connection:			
	VFD:	Manufacturer:		Model:		Serial #:			
		Power Rating:		Rated Voltage: VAC		Current Rating: A		Control Voltage: VAC	
	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: : A		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

Equipment Tag:

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

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

Insulation Resistance Test	Test Preparation:	Setup: Source: <input type="checkbox"/> Isolated Contactors: <input type="checkbox"/> Open	Cable Destination / 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.			
	WARNING: DISCONNECT ALL POWER CABLES FROM VFD MODULE AND CAPACITORS, AND DISCONNECT ALL CONTROL POWER FUSES PRIOR TO TEST.						
		Test	Voltage	Insulation Resistance			Ground all phases not under test!
				Phase A	Phase B	Phase C	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
		VFD Line to Ground	1000 VDC	M Ω	M Ω	M Ω	
		VFD Load to Ground	1000 VDC	M Ω	M Ω	M Ω	
		VFD Line to Load	1000 VDC	M Ω	M Ω	M Ω	
		Harmonic Filter Contactor Line to Ground	1000 VDC	M Ω	M Ω	M Ω	
		Harmonic Filter Contactor Load to Ground	1000 VDC	M Ω	M Ω	M Ω	
		Harmonic Filter Contactor Line to Load	1000 VDC	M Ω	M Ω	M Ω	
	Bypass Contactor Line to Ground	1000 VDC	M Ω	M Ω	M Ω		
	Bypass Contactor Load to Ground	1000 VDC	M Ω	M Ω	M Ω		
	Bypass Contactor Line to Load	1000 VDC	M Ω	M Ω	M Ω		
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	Mode Description	Forward Run Start & Stop			Reverse Run Start & Stop		
		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
		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
		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
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	
	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	
Comments:								

	COMMISSIONING FORM VARIABLE FREQUENCY DRIVE		Page 3 of 3
	Equipment Tag:		
Project	Facility:	Project Name:	
	Area:	RFP No.	Tender No.

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

VFD & PLC Control Signals	Verify Control Signals Between VFD and PLC				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 Signals	<i>Signal Description</i>	<i>Pilot Light Illuminates</i>	<i>Signal Received at PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>
		Ready	<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 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 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
		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
		Auto 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
		Forward Run	<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
		Reverse Run	<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 Fault	<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 Fault	<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
Vibration Lockout	<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		
Analog Signals	<i>Signal Description</i>	<i>Measured Signal</i>	<i>Signal received At VFD / PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>	
	Speed Input	mA	<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	
	Speed Reference	mA	<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	
	Motor Current	mA	<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		

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

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