


APPENDIX F – COMMISSIONING FORMS


	COMMISSIONING FORM AIR CONDITIONER		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:

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: _____ kW Ton Size:	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 <input type="checkbox"/> No
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.					
	Test	Test Voltage	Insulation Resistance (MΩ)			Ground all phases not under test!
			Phase A	Phase B	Phase C	
	Contactors Line to Ground	VDC				
	Contactors Load to Ground	VDC				
	Contactors Line to Load	VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Test	Tester	Resistance (μΩ)			
		Phases A-B	Phases B-C	Phases C-B		
Heating Element	Fluke Meter					
Comments:						


	COMMISSIONING FORM AIR CONDITIONER		Page 2 of 2
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		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:
	CSTE:	Manufacturer:	Model:	Serial #:
		Mounting Type: <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Metering Type: <input type="checkbox"/> CTs & PTs w/ Meter <input type="checkbox"/> Meter Only	Remote Enclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Rated Current: A	Rated Voltage: VAC	Phases: <input type="checkbox"/> 1-Ph <input type="checkbox"/> 3-Ph
Main Disconnect Type:	<input type="checkbox"/> Breaker <input type="checkbox"/> Switch <input type="checkbox"/> N/A	Rating: A	Inst. Setting: A	Manufacturer: Model:

Service Size & CSTE Cabling	Service Size: kVA	Voltage: VAC Phases: <input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø	Rated Service Current: A	Service Transformer: <input type="checkbox"/> Pole <input type="checkbox"/> Padmount
	CSTE Load Side Cabling Size and Type: (ie 2 x 4C, 350 kcmil Teck90)		CSTE Load Side Cabling: <input type="checkbox"/> Bottom <input type="checkbox"/> Side / Rear	CSTE Downstream Load:
	CSTE Load Side Cable Rating: Table	A (CEC C22.1) Diagram: Detail:		CSTE Ground Cable Size & Type:

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

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

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


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

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

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

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

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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	Test	Resistance ($\mu\Omega$)			Test Summary
		Phase A	Phase B	Phase C	
	Switchblade Pole Measurements				<input type="checkbox"/> Test Passed <input type="checkbox"/> Further Investigation Required.
	Fuse Measurements				<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.					
	Test	Voltage	Insulation Resistance (M Ω)			Ground all phases not under test!
			Phase A	Phase B	Phase C	
	Disconnect Line Side to Ground	VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Further Investigation Required. <input type="checkbox"/> Test Failed
	Disconnect Load Side to Ground	VDC				
Disconnect Line to Load	VDC					
Comments:						

	COMMISSIONING FORM DISCONNECT SWITCH		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 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
<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:	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.					
	Winding	Voltage	Insulation Resistance (MΩ)			Resistance to be recorded after 60 sec.
			Phase A	Phase B	Phase C	
	Primary to Ground	VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Further Investigation Required. <input type="checkbox"/> Test Failed
	Secondary to Ground	VDC				
Primary to Secondary	VDC					
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				

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	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: Source: <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.						
	Test		Test Voltage	Insulation Resistance (MΩ)			Ground all phases not under test!
	Line to Ground		VDC	Phase A	Phase B	Phase C	
	Test		Tester	Resistance (μΩ)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Heating Element		Fluke Meter	Phases A-B	Phases B-C	Phases C-B	
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	
	SCR Duty Point	SCR Volts	Duct Heater Measured Current		
			Phase A	Phase B	Phase C
	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		Photograph Taken: <input type="checkbox"/> Yes	
	Comments:							

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


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

		COMMISSIONING FORM EMERGENCY LIGHTING		Page 2 of 2
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		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				

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"/> RTD <input type="checkbox"/> PT100	<input type="checkbox"/> Low ≤ °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
		<input type="checkbox"/> Not Used	<input type="checkbox"/> PT1000 <input type="checkbox"/> 4-20 mA	<input type="checkbox"/> High > °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
	Sensor B Input	Signal Description	Signal Type	Condition Pickup Level	Signal Appears on Controller Screen	Modulated 1 Output (0 – 100 %)	Modulated 2 Output (0 – 100 %)
			<input type="checkbox"/> RTD <input type="checkbox"/> PT100	<input type="checkbox"/> Low ≤ °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
		<input type="checkbox"/> Not Used	<input type="checkbox"/> PT1000	<input type="checkbox"/> High > °C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A	% <input type="checkbox"/> N/A
	Relay 1 Output	Signal Description	Output Goes To	Output Changes Based on Signal Input	Output State Level	State Description	Signal Appears on Controller Screen
				<input type="checkbox"/> Discrete Input 1	Low (0)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Not Used		<input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	High (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Relay 2 Output	Signal Description	Output Goes To	Output Changes Based on Signal Input	Output State Level	State Description	Signal Appears on Controller Screen	
			<input type="checkbox"/> Discrete Input 1	Low (0)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	<input type="checkbox"/> Not Used		<input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	High (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Modulated 1 Output	Output Goes to Field Devices	Output Signal	Output Changes Based on Signal Input	Output State Level	Signal Appears on Controller Screen	Measured Output (V / mA)	
	<input type="checkbox"/> Heater SCR <input type="checkbox"/> Supply Damper	<input type="checkbox"/> 0 – 5V	<input type="checkbox"/> Discrete Input 1	Low	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	
	<input type="checkbox"/> Return Damper <input type="checkbox"/> Exhaust Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 10V <input type="checkbox"/> 4–20mA	<input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	High	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	
Modulated 2 Output	Output Goes to Field Devices	Output Signal	Output Changes Based on Signal Input	Output State Level	Signal Appears on Controller Screen	Measured Output (V / mA)	
	<input type="checkbox"/> Heater SCR <input type="checkbox"/> Supply Damper	<input type="checkbox"/> 0 – 5V	<input type="checkbox"/> Discrete Input 1	Low	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	
	<input type="checkbox"/> Return Damper <input type="checkbox"/> Exhaust Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 10V <input type="checkbox"/> 4–20mA	<input type="checkbox"/> Sensor A <input type="checkbox"/> Sensor B	High	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V / mA	

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

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

	COMMISSIONING FORM HVAC DAMPERS			Page 1 of 3	
					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)		HVAC Controller Equipment No.		HVAC Control Panel Equip. No. <input type="checkbox"/> N/A		
	Drawings:		HVAC P&ID:		Control Panel:		
	Supply Damper Actuator:	Room Installed:		Equipment No.		Dampers Loop:	
		Manufacturer:		Catalog No.		Control Type: <input type="checkbox"/> Modulating <input type="checkbox"/> On / Off	
		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

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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	<i>Actuator</i>	<i>Signal Type</i>	<i>Measured Input Voltage</i>	<i>Measured Output Voltage</i>	<i>Output Received at PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>
		Supply Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Return Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Exhaust Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	High Ventilation Rate	<i>Actuator</i>	<i>Signal Type</i>	<i>Measured Input Voltage</i>	<i>Measured Output Voltage</i>	<i>Output Received at PLC Card</i>	<i>Signal Appears on HMI Screen</i>	<i>SCADA Can See Signal</i>
		Supply Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Return Damper <input type="checkbox"/> Not Used	<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exhaust Damper <input type="checkbox"/> Not Used		<input type="checkbox"/> 0 – 5V <input type="checkbox"/> 0 – 10V <input type="checkbox"/> On / Off	VDC	VDC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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

		COMMISSIONING FORM HVAC DAMPERS		Page 3 of 3
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		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 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:	
		<input type="checkbox"/> N/A	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:	
		<input type="checkbox"/> N/A	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.	

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

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

Starter & PLC Control Signals	Verify Control Signals Between Starter 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					
	Supply Fan Signals	Signal Description	Pilot Light Illuminates	Signal Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
		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
		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
		Overload / 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
	Exhaust Fan Signals	Signal Description	Pilot Light Illuminates	Signal Received at PLC Card	Signal Appears on HMI Screen	SCADA Can See Signal
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	
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	
Overload / 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	


	COMMISSIONING FORM HVAC FANS & STARTERS			Page 3 of 3
	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
			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
		<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
			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
		<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
			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
<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	
		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	
	<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				

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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		<input type="checkbox"/> West
	Photocell:	Manufacturer:			Catalog No.		Adjustable Turn-On Level:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Rated Voltage: VAC			Rated Current: A		Adjustable Turn-Off Level:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				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
	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:	

Panelboard Location & Data	Panel Equipment No.		Panel Location:		Fed From:		
	Drawings:	Single Line:		Panel Schedule:		Schematic:	
	Panelboard Ratings:	Manufacturer:		Model:		Serial #:	
		Ampacity:	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	Rating: A	Inst. Setting: <input type="checkbox"/> N/A	A	Manufacturer:	
<input type="checkbox"/> Bottom Installed		Model:					
<input type="checkbox"/> N/A							

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

	COMMISSIONING FORM PANELBOARD		Page 2 of 2
	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.					
	Test	Voltage	Insulation Resistance (MΩ)			Ground all phases not under test!
			Phase A	Phase B	Phase C	
	Main Breaker Line Side to Ground	500 VDC				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				
Bus Bars to Ground	500 VDC					
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				

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COMMISSIONING FORM PLC ANALOG INPUT RTD 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 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
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	
					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 Output Voltage:	VAC / VDC	Outputs 0-3 Fuse No.
	Documents:	I/O Wiring Dwg:	DNP3 I/O File:		Control Narrative:
	PLC:	Equipment Tag:	Rack:	Module:	

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

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


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

Comments:

		COMMISSIONING FORM PLC ANALOG OUTPUT CARD		Page 2 of 2
				Equipment Tag:
Project	Facility:		Project Name:	
	Area:		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 PLC DISCRETE INPUT CARD			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:	

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	



COMMISSIONING FORM PLC DISCRETE INPUT CARD

Page 3 of 3

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)
22			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
23			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
24			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
25			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
26			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
27			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
28			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
29			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
30			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
31			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	

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

Comments:

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

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


	COMMISSIONING FORM PLC DISCRETE OUTPUT CARD			Page 1 of 2
	Equipment Tag:			
Project	Facility:		Project Name:	
	Area:		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"/>	


		COMMISSIONING FORM PLC DISCRETE OUTPUT 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 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 <input type="checkbox"/> No <input type="checkbox"/> N/A
	Photograph Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		


	COMMISSIONING FORM PLC SYSTEM		Page 2 of 2
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

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: <input type="checkbox"/> Isolated <input type="checkbox"/> Connected		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.						
	Test		Test Voltage	Insulation Resistance (MΩ)			Ground all phases not under test!
	Line to Ground		VDC	Phase A	Phase B	Phase C	
	Test		Tester	Resistance (μΩ)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Heating Element		Fluke Meter	Phases A-B	Phases B-C	Phases C-B	
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 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:		

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:		Type:			
	Control Power Transformer:		Size:	VA	Secondary Voltage:	V	Primary Fuse:	A	Secondary Fuse:

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

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



COMMISSIONING FORM VARIABLE FREQUENCY DRIVE

Page 2 of 4

Equipment Tag:

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

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

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

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



COMMISSIONING FORM VARIABLE FREQUENCY DRIVE


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		

		COMMISSIONING FORM VARIABLE FREQUENCY DRIVE		Page 4 of 4
				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.