

**Project Name & Logos**

<b>CHECK LIST FOR:</b>		Ref. No:	
<b>TESTING &amp; COMMISSIONING OF CENTRIFUGAL ROOF EXHAUST FAN</b>		Rev. No: 0	
		Page No : 1 of 1	
		Date :	
SECTION OF WORK: Mechanical		LOCATION:	
LEVEL:		ITR No.:	
MANUFACTURER		SYSTEM	HVAC
MODEL No.		COUNTRY OF ORIGIN	
SERIAL NO.:		MOTOR TYPE	
<b>DESCRIPTION</b>	<b>DESIGN RESULT</b>	<b>TEST RESULT</b>	<b>REMARKS</b>
Air Flow	(L/s)	(L/s)	
Static Pressure	(Pa)	(Pa)	
Motor Size	(Hp)	(Hp)	
Voltage	(V)	(V)	
Phase	(Ph)	(Ph)	
Motor RPM	(RPM)	(RPM)	
Fan RPM (Belted fan only)	(FRPM)	(FRPM)	
FLA	(Amp)	(Amp)	
<b>Test Results</b> (Tick as applicable) <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted			

For S/C QA/QC:	Date:	For CONT. QA/QC:	Date:	For Third Party	Date:	For Consultant Rep.:	Date:
Name:	Sign:	Name:	Sign:	Name:	Sign:	Name:	Sign