

Project Name & Logos

CHECK LIST FOR:		Ref. No:	
TESTING & COMMISSIONING OF CENTRIFUGAL ROOF EXHAUST FAN		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	
DESCRIPTION	DESIGN RESULT	TEST RESULT	REMARKS
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)	
Test Results (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