Project Name

CHECK LIST FOR: TESTING & COMMISSIONING OF IN-LINE FAN	Ref. No: Rev. No: 0 Page No : 1 of 1 Date :

SECTION OF WORK: Mechanical	LOCATION:
LEVEL:	IR 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)

☐ Accepted

☐ 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