

Project Name

CHECK LIST FOR: TESTING & COMMISSIONING OF UPBLAST CENTRIFUGAL ROOF EXHAUST FAN	Ref. No: Rev. No: 0 Page No : 1 of 1 Date :
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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) <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted
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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