MACQUARIE University
SYDNEY·AUSTRALIA

Client:		Project Name:		Project No:	
Area:		Drawing No's:		Date:	Sheet: 1 of 2
Check Conducted By:		Signature:		Check Approved By:	Signature:

INSPECTION CHECKLIST FOR: VAV BOXES

The below checks are to be completed by the Mechanical Contractor prior to start of associated fan or FCU commissioning

NO:	DESCRIPTION:	INSPECTION:		INSPECTION HISTORY			
				ACCEPTABLE:		DATE:	COMMENTS:
	Quality Control						
1	VAV box type, model number and manufacturer approved for use	Yes	No	Yes	No		
2	VAV boxes not being used are correctly stored	Yes	No	Yes	No		
	Installation						
3	Drawings on site are the latest issue	Yes	No	Yes	No		
4	VAV boxes are not damaged in anyway	Yes	No	Yes	No		
5	VAV boxes are installed in correct location as per approved drawings and equipment schedule	Yes	No	Yes	No		
6	VAV boxes are clearly labelled including number, manufacturer model number and duty (Vmax and Vmin)	Yes	No	Yes	No		
7	Confirm duct work connections to the boxes are correct and include all fittings and accessories as documented	Yes	No	Yes	No		
8	Confirm all test points, sensors and pressure points have been provided and installed as documented	Yes	No	Yes	No		
9	Confirm correct electrical connections to the boxes have been made as per the manufacturers wiring schematic	Yes	No	Yes	No		
10	Confirm correct actuator/controller has been installed on the boxes and the controls wiring has been made to the controls company requirements	Yes	No	Yes	No		

NO:	DESCRIPTION:	INSPECTION:		INSPECTION HISTORY			
				ACCEPTABLE:		DATE:	COMMENTS:
11	Confirm adequate provision has been made to access the VAV box and the controller	Yes	No	Yes	No		
	Commissioning						
12	Confirm air flows through the VAV boxes and Vmax and Vmin is achieved	Yes	No	Yes	No		
13	Mark alterations, sizes + final location on As Built drawings for record purposes	Yes	No	Yes	No		

ADDITIONAL COMMENTS: