

Inspection and Test Plans (ITP) – MUM-10 AHU/FCU Installation Checklist

Client:	Project Name:					
Area:	Drawing No's:		Date:			Sheet: 1 of 3
Check Conducted By:	Signature:	Check Approv	ed By:		Signature:	

INSPECTION CHECKLIST FOR: AIR HANDLING UNITS + FAN COIL UNITS

The below checks are to be completed by the Mechanical Contractor prior to start up and unit commissioning

		INSPECTION:		INSPECTION HISTORY				
NO:	DESCRIPTION:			ACCEPTABLE:		DATE:	COMMENTS:	
	Quality Control							
1	Units type, model number and manufacturer approved for use	Yes	No	Yes	No			
2	Units not being used are correctly stored	Yes	No	Yes	No			
	<u>Installation</u>							
3	Drawings on site are the latest issue	Yes	No	Yes	No			
4	AHU/FCU are not damaged in anyway	Yes	No	Yes	No			
5	AHU/FCUs are installed in correct location as per approved drawings and equipment schedule	Yes	No	Yes	No			
6	AHU/FCUs are installed with approved vibration isolation from the structure on which they are mounted and with approved isolation from the duct work connected to it	Yes	No	Yes	No			
7	AHU/FCUs are clearly labelled including number, manufacturer model number and duty	Yes	No	Yes	No			
8	Confirm safety tray and/or condensate drainage provided to the units and is piped to adjacent waste point	Yes	No	Yes	No			
9	Confirm AHU/FCU filters are fitted (construction filters during construction final filters at commissioning)	Yes	No	Yes	No			

	O: DESCRIPTION: INSPECTION:			INSPECTION HISTORY					
NO:			INSPECTION:		TABLE:	DATE:	COMMENTS:		
10	Confirm AHU/FCU is mounted so that adequate access is provided for routine maintenance, removal of filters and removal of coils and motors	Yes	No	Yes	No				
11	Confirm correct installation of any motorised dampers on the units and that they are accessible for maintenance	Yes	No	Yes	No				
12	Confirm correct electrical connection to unit	Yes	No	Yes	No				
13	Confirm all interlocks are in accordance with unit wiring schematic	Yes	No	Yes	No				
14	Confirm VSD installed and commissioned (if applicable)	Yes	No	Yes	No				
15	Confirm motor bearings lubricated, fan is free to rotate, drive is aligned and transport bolts are removed	Yes	No	Yes	No				
16	Confirm correct CHW/HHW pipe work installed as per the approved drawings complete with isolation valves, flow and water measuring valves, binder points, air vents and drainage points	Yes	No	Yes	No				
17	Confirm all ductwork and supply air/return air grilles installed as per the approved drawings complete with isolation from the AHU/FCU	Yes	No	Yes	No				
	Commissioning								
18	Confirm CHW/HHW pipe work has been flushed to >110% of the design flow rate prior to connecting the unit to the pipe work	Yes	No	Yes	No				
19	Confirm CHW/HHW flow achieves design flow rates prior to starting the unit	Yes	No	Yes	No				
20	Confirm air flow achieves design flow rates prior to starting the unit	Yes	No	Yes	No				
21	Confirm all associated controls are operating correctly including BMCS interface/monitoring as specified	Yes	No	Yes	No				
22	Confirm unit operates to provide cooling or heating (as applicable) when cooling/heating signal provided	Yes	No	Yes	No				

NO:					INSPECTION HISTORY			
	DESCRIPTION:	INSPECTION:		ACCEPTABLE:		DATE:	COMMENTS:	
23	Mark alterations, sizes + final location on As Built drawings for record purposes	Yes	No	Yes	No			

ADDITIONAL COMMENTS: