

## Inspection and Test Plans (ITP) – MUM-11 VRV 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: VARIABLE REFRIGERANT VOLUME SYSTEMS

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

				INSPECTION HISTORY					
NO:	DESCRIPTION:		INSPECTION:		TABLE:	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	FCUs and air-cooled condensing units are not damaged in anyway	Yes	No	Yes	No				
5	FCUs and condensing unit are installed in correct locations as per approved drawings and equipment schedule	Yes	No	Yes	No				
6	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	Condensing units are installed with approved vibration isolation from the structure on which they are mounted	Yes	No	Yes	No				
8	FCUs and condensing units are clearly labelled including number, manufacturer model number and duty	Yes	No	Yes	No				

				INSPEC	INSPECTION HISTORY				
NO:	DESCRIPTION:	INSPECTION:		ACCEPTABLE:		DATE:	COMMENTS:		
9	Confirm safety tray and/or condensate drainage provided to the FCUs and condensing units (if applicable) and they are piped to adjacent waste point	Yes	No	Yes	No				
10	Confirm FCU filters are fitted (construction filters during construction final filters at commissioning)	Yes	No	Yes	No				
11	Confirm FCU is mounted so that adequate access is provided for routine maintenance, removal of filters and removal/maintenance of control circuits and motors	Yes	No	Yes	No				
12	Confirm correct electrical connections to the refrigeration system as per the manufacturers wiring schematic	Yes	No	Yes	No				
13	Confirm all interlocks are in accordance with manufacturers wiring schematic	Yes	No	Yes	No				
14	Confirm correct refrigeration pipe work and distribution boxes are installed as per the approved drawings	Yes	No	Yes	No				
15	Confirm refrigeration pipe work has been pressure tested and filled with appropriate refrigerant	Yes	No	Yes	No				
16	Confirm correct refrigeration pipe work insulation has been installed and has adequate support and is sheathed when exposed to weather or mechanical damage	Yes	No	Yes	No				
17	Confirm all ductwork and supply air/return air grilles installed as per the approved drawings complete with vibration isolation from the FCUs	Yes	No	Yes	No				
	Commissioning								
18	Confirm FCUs achieve design air flow rates prior to starting the refrigeration system	Yes	No	Yes	No				
19	Confirm all associated manufacturers controls are operating correctly including BMCS interface/monitoring as specified	Yes	No	Yes	No				
20	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:	
21	Mark alterations, sizes + final location on As Built drawings for record purposes	Yes	No	Yes	No			

ADDITIONAL COMMENTS: