

Plumbing Fixture Construction Checklist

Project:	
Date:	
Building:	
Location:	
Fixture Tag:	

Submittal / Approvals

Submittal. The above equipment and systems integral to them are complete and ready for functional testing. The checklist items are complete and have been checked off only by parties having direct knowledge of the event, as marked below, respective to each responsible contractor. This construction checklist is submitted for approval, subject to an attached list of outstanding items yet to be completed. A Statement of Correction will be submitted upon completion of any outstanding areas. None of the outstanding items preclude safe and reliable functional tests being performed. ____ **List attached.**

Mechanical Contractor	Date	Controls Contractor	Date
Electrical Contractor	Date	Plumbing Contractor	Date
TAB Contractor	Date	General Contractor	Date

Construction checklist items are to be completed as part of startup & initial checkout, preparatory to functional testing.

- This checklist does not take the place of the manufacturer's recommended checkout and startup procedures or report.
- Contractors assigned responsibility for sections of the checklist shall be responsible to see that checklist items by their subcontractors are completed and checked off.

Approvals. This filled-out checklist has been reviewed. Its completion is approved with the exceptions noted below.

Project Engineer	Date	Owner's Representative	Date

DIVISION 1 – GENERAL REQUIREMENTS
Section 01 91 00.13n – Plumbing Fixture Construction Checklist

Associated Checklists					
Plumbing Piping	<input type="checkbox"/>	Domestic Water Heater	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Comments:					

Requested documentation submitted	Rec'd	Comments
Manufacturer's cut sheets	<input type="checkbox"/>	
Performance data (pump curves, coil data, etc.)	<input type="checkbox"/>	
Installation and startup manual and plan	<input type="checkbox"/>	
O&M manuals	<input type="checkbox"/>	
Sequences and control strategies	<input type="checkbox"/>	
Comments:		

Installation Checks			
Check if Acceptable; Provide comment if unacceptable		NA	Comment
Installation is per manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment labels permanently affixed	<input type="checkbox"/>	<input type="checkbox"/>	
Pipe fittings complete and properly supported	<input type="checkbox"/>	<input type="checkbox"/>	
Aerators/Strainers in place and clean	<input type="checkbox"/>	<input type="checkbox"/>	
Faucet/flush handles secure and properly aligned	<input type="checkbox"/>	<input type="checkbox"/>	
Installation detail checked against the drawing and all devices and appurtenances are in place	<input type="checkbox"/>	<input type="checkbox"/>	
Associated trim and accessories consistent with contract documents	<input type="checkbox"/>	<input type="checkbox"/>	
Joints between fixtures and walls, floors, and counters sealed	<input type="checkbox"/>	<input type="checkbox"/>	
Insulation installed per requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Fixture consistent with ADA	<input type="checkbox"/>	<input type="checkbox"/>	
Verify hot and cold water connections are on correct side of faucet	<input type="checkbox"/>	<input type="checkbox"/>	
Water Pressure at Hot _____ at Cold _____	<input type="checkbox"/>	<input type="checkbox"/>	
Water temperature _____ (if mixing valve present)	<input type="checkbox"/>	<input type="checkbox"/>	
Automatic flush valves verified for proper operation and sensitivity adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
Automatic sensors verified for proper operation and sensitivity adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			