HVAC COMMISSIONING CHECKLIST

Project Name:	
Project Address:	
System Type:	
Commissioning Date:	
Commissioning Authority (CxA):	
Contractor:	
Contact Information:	
Inspector Name:	

General Information

Building Design Criteria Reference:	
Document Number:	
Issue Date:	
Project Specifications Reference:	
Document Number:	
Issue Date:	
Tested Systems:	

- ☐ Heating Systems
- ☐ Ventilation Systems
- ☐ Air Conditioning Systems
- ☐ Controls/Automation
- ☐ Others: _____

Pre-Commissioning Checklist

Task	Status	Comments	Verified By
Design documentation available and reviewed.	☐ Yes ☐ No		
Equipment submittals reviewed and approved.	☐ Yes ☐ No		
Installation complete as per design intent.	☐ Yes ☐ No		
Access for equipment operation verified.	☐ Yes ☐ No		
Utility connections inspected and approved.	☐ Yes ☐ No		
Preliminary system inspection completed.	☐ Yes ☐ No		

System Start-Up Checklist

Mechanical Systems

Task	Status	Comments	Verified By
All mechanical components installed.	☐ Yes ☐ No		
Ductwork installed and inspected.	☐ Yes ☐ No		
Dampers installed and functional.	☐ Yes ☐ No		
Insulation verified as per design specs.	☐ Yes ☐ No		
Fan belts and drive inspected.	☐ Yes ☐ No		

Electrical Systems

Task	Status	Comments	Verified By
Electrical connections completed.	☐ Yes ☐ No		
Breaker settings verified.	☐ Yes ☐ No		
Controls wiring verified.	☐ Yes ☐ No		
Equipment grounding confirmed.	☐ Yes ☐ No		
Power distribution panels inspected.	☐ Yes ☐ No		

Control Systems

Task	Status	Comments	Verified By
Control devices installed and inspected.	☐ Yes ☐ No		
Sensors calibrated as per design specs.	☐ Yes ☐ No		
Controller communication established.	☐ Yes ☐ No		
Test points and trends set up.	☐ Yes ☐ No		
Control programs uploaded and tested.	☐ Yes ☐ No		

Functional Performance Testing

System/Component	Test Performed	Results	Comments	Verified By
Heating System		☐ Pass ☐ Fail		
Cooling System		☐ Pass ☐ Fail		
Ventilation System		☐ Pass ☐ Fail		
Thermostats/Control Settings		☐ Pass ☐ Fail		
Air Balancing (CFM & static)		☐ Pass ☐ Fail		
Pressure Testing (ductwork)		☐ Pass ☐ Fail		
Smoke/Fire Dampers		☐ Pass ☐ Fail		
Alarm Systems Integration		☐ Pass ☐ Fail		

Verification of Operational Requirements

Requirement	Verification Notes	Verified By
System meets design flow rates and capacity.		
Energy efficiency goals achieved.		
Control sequences match design criteria.		
Equipment vibration/noise levels acceptable.		
Maintenance access verified.		

Final Documentation and Handover

Documentation	Status	Comments	Verified By
As-built drawings submitted.	☐ Yes ☐ No		
Manufacturer O&M manuals provided.	☐ Yes ☐ No		
Training for maintenance staff completed.	☐ Yes ☐ No		
Commissioning report prepared and signed.	☐ Yes ☐ No		

Sign-Off

Role	Name	Date	Signature
Commissioning Authority			
Owner/Representative			
Contractor			

Notes and Comments: