

ELECTRICAL COMMISSIONING CHECKLIST

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

General Information

Building Design Criteria Reference:

Document Number:	
Issue Date:	

Project Specifications Reference:

Document Number:	
Issue Date:	

Tested Systems:

- | | |
|---|---|
| <input type="checkbox"/> Power Distribution System | <input type="checkbox"/> Fire Alarm System |
| <input type="checkbox"/> Lighting System | <input type="checkbox"/> Electrical Controls & Automation |
| <input type="checkbox"/> Emergency Power System | <input type="checkbox"/> Renewable Energy (Solar, Wind, etc.) |
| <input type="checkbox"/> Grounding & Bonding System | <input type="checkbox"/> Others: _____ |

Pre-Commissioning Checklist

Task	Status	Comments	Verified By
Electrical design documentation reviewed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Installation completed per design drawings.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufacturer submittals reviewed and approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Conduits, cables, and terminations inspected.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Panelboard, switchgear, and transformer locations verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proper labeling of circuits and panels confirmed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NEC/NFPA code compliance verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

System Start-Up Checklist

Power Distribution System

Task	Status	Comments	Verified By
Voltage and phase configuration verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Breakers installed and set to correct ratings.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transformer tap settings confirmed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All terminations tightened to specifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Protective devices tested and functional.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Lighting System

Task	Status	Comments	Verified By
Light fixtures installed per layout.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency and exit lights operational.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lighting controls (sensors, dimmers) tested.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Load balancing verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proper light levels confirmed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Power System (Generator/UPS)

Task	Status	Comments	Verified By
Generator start-up test completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fuel levels checked and verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transfer switch operation tested.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
UPS batteries installed and tested.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Load transfer and power restoration confirmed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Grounding & Bonding System

Task	Status	Comments	Verified By
Grounding electrodes installed and verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Resistance readings within acceptable range.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bonding connections secured.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Surge protection devices installed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Fire Alarm System

Task	Status	Comments	Verified By
Smoke and heat detectors installed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Audible/visual alarms tested.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire alarm panel tested for proper function.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Communication with monitoring service verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Electrical Controls & Automation

Task	Status	Comments	Verified By
Control panels installed and wired correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sensors and actuators calibrated.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
System communication tested (SCADA/BMS).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Backup and failover operations tested.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Functional Performance Testing

System/Component	Test Performed	Status	Comments	Verified By
Power Distribution System		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Lighting System		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Emergency Power System		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Grounding & Bonding		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Fire Alarm System		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Electrical Controls & Automation		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

Verification of Operational Requirements

Requirement	Verification Notes	Verified By
Systems operate at rated voltage and amperage.		
No abnormal overheating or voltage drops.		
Power quality measurements within limits.		
Safety interlocks and shutdowns functional.		

Final Documentation and Handover

Documentation	Status	Comments	Verified By
As-built electrical drawings submitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufacturer O&M manuals provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Training for maintenance staff completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Commissioning report prepared and signed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sign-Off

Role	Name	Date	Signature
Commissioning Authority			
Owner/Representative			
Contractor			