01300-D OPERATION AND MAINTENANCE TRANSMITTAL FORM

Date: _____ Submittal No: _____

From: _____ Contract No: _____

_____ Spec. Section: _____

_____ Submittal Description: _____

_____ _____

Attention: _____ _____

Checklist	Contractor		Construction Manager	
	Satisfactory	N/A	Accept	Deficient
1. Table of contents				
2. Equipment record forms				
3. Manufacturer information				
4. Vendor information				
5. Safety precautions				
6. Operator prestart				
7. Startup, shutdown, and post shutdown procedures				
8. Normal operations				
9. Emergency operations				
10. Operator service requirements				
11. Environmental conditions				
12. Lubrication data				
13. Preventive maintenance plan and schedule				
14. Trouble-shooting guides and diagnostic techniques				
15. Wiring diagrams and control diagrams				
16. Maintenance and repair procedures				
17. Removal and replacement instructions				
18. Spare parts and supply list				
19. Corrective maintenance man-hours				
20. Parts identification				
21. Warranty information				
22. Personnel training requirements				
23. Testing equipment and special tool information				

Remarks: _____

_____

_____

_____

Contractor's Signature

01650-A EQUIPMENT RECORD FORM

EQUIP. DESCRIP:		EQUIP. LOCATION:	
EQUIP. NO:	SHOP DWG NO.:	DATE INST:	COST:
		MFGR. CONTACT:	
MFGR. ADDRESS:			PHONE:
VENDOR:		VENDOR CONTACT:	
VENDOR ADDRESS:			PHONE:

MAINTENANCE RERQUIREMENTS	D	W	M	Q	S	A	HOURS

LUBRICANTS RECOMMENDED:

ALTERNATIVE:

MISC. NOTES:

RECOMMENDED SPARE PARTS

PART NO.	QUAN.	PART NAME	COST

ELECTRICAL NAMEPLATE DATA

EQUIP:			
MAKE:			
SERIAL NO:			ID NO:
MODEL NO:			FRAME NO:
HP	V	AMP	HZ
PH	RPM	SF	DUTY
CODE	INSL. CL	DES	TYPE
NEMA DES	C AMB	TEMP RISE	RATING
MISC:			

MECHANICAL NAMEPLATE DATA

EQUIP:			
MAKE:			
SERIAL NO:		ID NO:	
MODEL NO:		FRAME NO:	
HP	RPM	CAP	SIZE
TDH	IMP SZ	BELT NO	CFM
PSI	ASSY NO	CASE NO	
MISC:			

11001-A MANUFACTURER'S INSTALLATION CERTIFICATION FORM:

Contract No.:_____ Specification Section:_____

Equipment Name:_____

Contractor:_____

Manufacturer of Equipment Item:_____

The undersigned manufacturer of the equipment item described above hereby certifies that the equipment has been properly installed, tested, adjusted, lubricated, and calibrated, and is ready for full time operation. The installation has been inspected and has been found to be in conformance with the manufacturer's standards and requirements.

Comments:_____

_____

_____

_____

_____ _____

Date Manufacturer

_____

Signature of
Authorized Representative

_____ _____

Date Contractor

_____

Signature of
Authorized Representative

11002-A MOTOR DATA FORM

Equipment Name:_____ Equipment Number (s): _____

Site Location:_____

Nameplate Markings

Mfr_____ Mfr Model_____ Frame_____ HP_____

Volts_____ Phase_____ RPM_____ Service Factor_____

FLA_____ LRA_____ Freq_____ Amb Temp Rating_____ degrees C

Time Rating_____ (NEMA MG1-10.35) Design Letter_____ (NEMA MG-1.16)

KVA Code Letter_____ Insulation Class_____

The following information is required for explosion proof motors only:

A. Approved by UL for installation in Class _____, Div _____

B. UL frame temperature code _____; Group _____ Atmosphere_____ (NEC Tables 500-2 and 500-2 (b))

The following information is required for high efficiency motors only:

A. Guaranteed minimum efficiency at full load or NEMA efficiency index _____ (NEMA MG1-12.53b)

B. Nameplate or nominal efficiency_____

Data Not Necessarily Marked on Nameplates

Type of Enclosure_____ Enclosure Material_____

Temp Rise_____ degrees C (NEMA MG1-12.41, 42)

Space Heater Included? _____ Yes _____ No; if Yes, _____watts _____volts

Type of motor winding over temperature protection, if specified:

_____

Use the space below to provide additional information on other motor modifications, if specified:

_____

_____

17000-A FIELD SWITCH CALIBRATION TEST DATA FORM

Tag No. and Description: _____

Make and Model No.: _____ Serial No.: _____

Input: _____

Range: _____

Set Point(s): _____

Simulate process variable (flow, pressure, temperature, etc.) and set desired set point(s). Run through entire range of switch and calculate deadband.

Set Point	Incr. Input Trip Point	Decr. Input Trip Point	Calc. Deadband	Required Deadband

CERTIFIED _____ Date _____
Contractor's Representative

WITNESSED _____ Date _____
Owner's Representative

17000-B TRANSMITTER CALIBRATION TEST DATA FORM

Tag No. and Description: _____

Make and Model No.: _____ Serial No.: _____

Input: _____

Output: _____

Range: _____ Scale: _____

Simulate process variable (flow, pressure, temperature, etc.) and measure output with appropriate meter.

% of Range	Input	Expected Output	Actual Output	% Deviation
0				
50				
100				

% Deviation Allowed: _____

CERTIFIED _____ Date _____
Contractor's Representative

WITNESSED _____ Date _____
Owner's Representative

17000-C MISCELLANEOUS INSTRUMENT CALIBRATION TEST DATA FORM

(For instruments not covered by any of the preceding test forms, the Contractor shall create a form containing all necessary information and calibration procedures.)

CERTIFIED _____ Date _____
Contractor's Representative

WITNESSED _____ Date _____
Owner's Representative

17000-D CONTROL AND LOGIC SYSTEM TEST FORM

SYSTEM DESCRIPTION: _____

C&L DIAGRAM NO.: _____ P&ID NO.: _____

A. Attach approved C&L diagram and P&ID.

B. C&L diagram will be marked to show control and indication devices.

PERFORM THE FOLLOWING STEPS:

1. Attach I/O tester to computer I/O points.
2. Follow the sequence of operations shown on the C&L diagram to test the system.
3. Operate all control switches, interlocking devices, and protective devices and observe that all indications and control actions occur.

   (Note on C&L diagram any device which required simulation)
4. Indicate that the proper operation of all devices was observed by circling the devices on the C&L diagram.

TEST EQUIPMENT USED

Manufacturer	Model No.	Serial No.	Description

CERTIFIED _____ DATE _____
Contractor's Representative

WITNESSED _____ DATE _____
Owner's Representative

END OF SECTION