

TAB Plan Review Checklist

Project:	
Date:	
System:	
Building:	
Location:	

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.**

TAB Contractor	Date	General Contractor	Date

Checklist items are to be completed as part of startup & initial checkout, preparatory to performing test procedures.

- This checklist does not take the place of the manufacturer's recommended checkout or procedures in standards referenced in the specifications, but is intended to augment them.
- 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 completed 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 00.13r – TAB Plan Review Checklist

Associated Systems					
Air Side	<input type="checkbox"/>	Water Side – Heating Hot Water	<input type="checkbox"/>	Water Side – Chilled Water	<input type="checkbox"/>
Comments:					

Requested documentation submitted	Rec'd	Comments
TAB plan	<input type="checkbox"/>	
TAB procedures	<input type="checkbox"/>	
Sample TAB forms	<input type="checkbox"/>	
Comments:		

General Objectives.

- The purpose of this checklist is to verify that necessary components of the TAB Plan have been included.
- A checkmark indicates that item is included in Plan. If deficient, identify issue in Comment section.

TAB Plan Checklist.

Review Checks			
Check if acceptable, provide comment if unacceptable		NA	Comments
Specified qualifications and certifications of parties performing TAB work submitted and approved	<input type="checkbox"/>	<input type="checkbox"/>	
TAB contractor has reviewed drawings and walked through the site and verified that there are sufficient balancing dampers and valves, isolation dampers and valves and test ports installed to perform TAB per spec. Any deficiencies in design or installation that will adversely affect or preclude proper TAB have been reported.	<input type="checkbox"/>	<input type="checkbox"/>	
TAB contractor has reviewed the construction documents and the systems with the design engineers and contractors to sufficiently understand the design intent for each system	<input type="checkbox"/>	<input type="checkbox"/>	
Prior to plan, TAB contractor had planning meeting with controls contractor to discuss using BAS for TAB	<input type="checkbox"/>	<input type="checkbox"/>	
All field checkout sheets and logs provided as part of plan	<input type="checkbox"/>	<input type="checkbox"/>	

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Review Checks			
Check if acceptable, provide comment if unacceptable		NA	Comments
Final test report sheets to be used provided as part of plan	<input type="checkbox"/>	<input type="checkbox"/>	
Field and final test report sheets list each piece of equipment to be tested, adjusted and balanced with the data cells to be gathered for each	<input type="checkbox"/>	<input type="checkbox"/>	
Discussion of what notations and markings will be made on the duct and piping drawings complete	<input type="checkbox"/>	<input type="checkbox"/>	
List of all air flow, water flow, sound level, system capacity and efficiency measurements to be performed and provide a description of specific test procedures, parameters, formulas and test instrument type to be used for the measurements Sample forms have been included	<input type="checkbox"/>	<input type="checkbox"/>	
Detailed step-by-step procedures for TAB work include: terminal flow calibration (for each terminal type), diffuser proportioning, branch / submain proportioning, total flow calculations, rechecking, etc. Similar for water side	<input type="checkbox"/>	<input type="checkbox"/>	
Details of how <i>total</i> flow will be determined (Air: sum of terminal flows via BAS calibrated readings or via hood read of all terminals, supply (SA) and return air (RA) pitot traverse, SA or RA flow stations. Water: pump curves, circuit setter, flow station, ultrasonic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Specific procedures that will ensure (and which can be verified) that both air and water side are operating at the lowest possible pressures	<input type="checkbox"/>	<input type="checkbox"/>	
Outside air ventilation criteria under all conditions clearly understood by TAB contractor	<input type="checkbox"/>	<input type="checkbox"/>	
Details of if and how min. outside air cfm will be verified and set and for what level (total bldg, zone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Details of how building static and exhaust fan / relief damper capacity will be checked	<input type="checkbox"/>	<input type="checkbox"/>	
The identification and types of measurement instruments to be used and their most recent calibration date submitted	<input type="checkbox"/>	<input type="checkbox"/>	
Proposed selection points for sound measurements included	<input type="checkbox"/>	<input type="checkbox"/>	
Details of any TAB work to be done in phases (by floor, etc.), or of areas to be built out later	<input type="checkbox"/>	<input type="checkbox"/>	
Details regarding specified deferred or seasonal TAB work	<input type="checkbox"/>	<input type="checkbox"/>	
Details of any specified false loading of systems to complete TAB work	<input type="checkbox"/>	<input type="checkbox"/>	
Details of all exhaust fan balancing and capacity verifications, including any required room pressure differentials (Not applicable to Heating Hot Water and Chilled Water TAB Plans.)	<input type="checkbox"/>	<input type="checkbox"/>	

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Review Checks		
Check if acceptable, provide comment if unacceptable	NA	Comments
Plan for hand-written field technician logs of discrepancies, deficient or uncompleted work by others, contract interpretation requests and lists of completed tests (scope and frequency)	<input type="checkbox"/>	<input type="checkbox"/>
Plan for formal progress reports (scope and frequency)	<input type="checkbox"/>	<input type="checkbox"/>
Plan for formal deficiency reports (scope, frequency and distribution)	<input type="checkbox"/>	<input type="checkbox"/>

Comments: