



General Pre-Commissioning Checklist	
Send to:	Email address – <a href="mailto:startup@dxseng.com">startup@dxseng.com</a>

# Daikin Pre-Commissioning Checklist

## VRV-IV-S – VRV-IV – VRV-WIV

**Pre-Commissioning Checklist required 48 hours before scheduled date of commissioning.**

In an effort to provide the highest level of service, the following checklist is provided to insure that all necessary installation items are completed prior to a scheduled assisted commissioning of Daikin systems. Please fill out the form completely and email to **startup@dxseng.com**. For an assisted system commissioning, submit this form at least 48 hours prior to the scheduled commissioning date. The below listed installation related items must be completed prior to our arrival. Failure to complete the items listed below may result in additional charges.

**Please fill out 1 per system to be commissioned.**

**Requested Commissioning Date:**

**Install Completion Date:**

Contractor Information	
Company Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/> State/Prov.: <input type="text"/>
Zip:	<input type="text"/> Country: <input type="text"/>
Contact:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email Address:	<input type="text"/>

Job Site Information	
Job Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/> State/Prov.: <input type="text"/>
Zip:	<input type="text"/> Country: <input type="text"/>
Contact:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email Address:	<input type="text"/>

### Site Checklist

- 1. Refrigerant Piping:**
- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| (a) Has the refrigeration piping been installed in accordance with Daikin installation guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has the refrigeration piping been pressure tested and leaked checked?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| If the system has been pressurized, what was the amount of pressure applied?                       | <input type="text"/>     | PSI                      |
| (c) What was the duration of the pressure test?  | <input type="text"/>     | Hours                    |



**Site Checklist (cont.)**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 4. Outdoor Units:  |                          |                          |
| (a) Have the compressor shipping brackets been removed?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has the outdoor unit been properly secured?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Has the outdoor unit been installed with proper clearances?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Has drainage of the outdoor unit been taken in to consideration?               | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Has the condensing unit been elevated a <u>minimum</u> of 18" above roof level | <input type="checkbox"/> | <input type="checkbox"/> |

5. Job Site Details:

- (a) Is Union Safety Course required before entering job site?
- (b) What safety gear is need on site? Hard Hat  Safety Glasses  Steal Toe Boots  Safety Vest

List any additional information needed regarding commissioning and or access to job site.

I hereby certify that all items on this list have been checked, and that all information is correct.

I further verify that the job is ready for commissioning. I realize that if upon arrival to the commissioning the job is not ready for startup that I will be subject to additional fees.

Name:	Signature:	Date:
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