

01 91 29 – FUNCTIONAL PERFORMANCE TEST CERTIFICATION

Project Name: <<Name>>

SBC Number: <<Number>>

Identification of Equipment or System: <<Identification information>>

Location of Equipment or System: <<Location information>>

Manufacturer /Supplier: <<Manufacturer / supplier information>>

This Date: <<Date>>

Functional Performance Test Procedure Number: <<Number>>

Components Included: <<Components information>>

The above systems and components integral to this equipment are complete and have undergone functional performance tests. All functional performance test procedures are complete and have been checked off only by parties having direct knowledge of the event, as indicted below, respective to each responsible contractor. This functional performance test is submitted for approval and is subject to the attached list of outstanding items not completed successfully. Contractor shall submit a deficiency form upon completion of any outstanding or deficient items. None of the outstanding items preclude safe and reliable functional tests being performed.

Check One: Deficiency listing attached; or, No deficiencies found.

All Designer and Contractor punch list items for this system and related equipment have been addressed and corrected prior to functional performance testing.

The functional performance test procedures were reviewed and approved by the installer and applicable subcontractors prior to testing.

CONTRACTOR'S CERTIFICATION OF PERFORMANCE:

I hereby certify that the above described equipment or system, has been energized, operated, adjusted, and balanced in accordance with requirements of the Contract Documents and the manufacturer's recommendations for a sufficient period to confirm that operation complies in all respects with the contract requirements.

	Signature	Printed Name	Date
Installer:	_____	_____	_____
General Contractor:	_____	_____	_____
Designer / Consultant:	_____	_____	_____

END OF SECTION