Due to the rapid growth and complexity of the University's Andover DDC Control System, this procedure must be followed and adhered by in order to ensure all additions and alterations are documented and accounted for.

Failure to complete the following forms will result in denial of connectivity to the campus Andover network and in violation of UCB Standards 15950 Section 3.04, Detail A.02 and Detail A.03.
# Preconstruction Checklist for Andover Controls Commissioning

Date of Request

| Project Manager: | ____________________________ |
| Work Order #: | ____________________________ |
| Building Location: | ____________________________ |
| Contractor: | ____________________________ |

Are new controllers being added?  
Yes  No  
If Yes, how many?  
__________________________

Will an Infilink / Repeater be required?  
Yes  No  
If Yes, Where and or how many?  
__________________________

Is there an existing controller being modified?  
Yes  No  
If Yes, Existing controller Name:  
__________________________

Controller Serial Number:  
__________________________

Points to be added or removed:  
__________________________

Programs Modified:  
__________________________

Other:  
__________________________

Example: Addition of expansion module, point rearrangement, etc.

Reviewed and Approved By:

Andover Technician 1: ____________________________ Date: ____________________________

Andover Technician 2: ____________________________ Date: ____________________________

Shop Supervisor: ____________________________ Date: ____________________________
# Post Commissioning Check Out For Andover Controls Commissioning

| Project Manager: _______________________________ |
| Work Order #: ___________________ |
| Building Location: ___________________ |
| Contractor: _______________________________ |

**Commissioning:** Complete  Incomplete

If complete-
- **Signature of Commissioning Agent:** ___________________  **Date:** ________________

**Panel layouts in enclosure:** Yes  No

If Yes-
- **Signature of Verifying UCB Staff:** ___________________  **Date:** ________________

**Submittals:** Handed Over to UCB Staff  or  Still in Possession

If Submittals Are Handed Over to UCB Staff-
- **Signature of Recipient of Submittals:** ___________________  **Date:** ________________

**Alarms Created and Implemented:** Yes  No

**Final Approval of Completed Job**

- **Andover Technician 1:** ___________________  **Date:** ________________
- **Andover Technician 2:** ___________________  **Date:** ________________
- **Shop Supervisor:** ___________________  **Date:** ________________