



PRE BALANCE CHECK LIST

PROJECT: _____

PLEASE RETURN A COMPLETED AND SIGNED CHECK LIST TO TAB CONTRACTOR PRIOR TO SCHEDULING BALANCING.

EQUIPMENT TO BE CHECKED					EQUIPMENT TO BE CHECKED		
FANS	DUCTWORK COMPLETE	GRILLES/ OUTLETS	CONTROLS	NEW FILTERS	FANS	ROTATIONS	ELECTRICAL
FIRE DAMPERS					FIRE DAMPERS		
DUCTWORK COMPLETE					PERMANENT ACCESS		
ACCESS DOORS					AIR SYSTEMS		
ANGLES					BALANCING DAMPER ACCESS		
AIR SYSTEMS					CEILING COMPLETE		
VAV CONTROLS					HYDRONIC SYSTEMS		
VFD START UP					PUMPS		
DUCTWORK CLEAN					ELECTRICAL COMPLETE		
HYDRONIC SYSTEMS							
PUMPS	CONTROLS	SYSTEM FLUSHED	AIR REMOVED	GAUGES INSTALLED			
CONTROLS (THERMOSTATS, BAS)					SITE IS CLEAN FROM DUST AND DEBRIS <input type="checkbox"/> REPORT TIME: TBD (MINIMUM 3 BUSINESS DAYS)		
CONTROLS OPERATION							
HYDRONIC EQUIPMENT PIPING COMPLETE							
CIRCUIT SETTER ACCESS							
MANUFACTURER START UP							
<u>NOTE: ANY SYSTEMS THAT REQUIRE A RETURN VISIT DUE TO INACCURATE CHECKS ABOVE, WILL RESULT IN AN EXTRA CHARGE OF \$ TBD (DOLLARS)</u>					<u>NOTE: ANY SYSTEMS THAT REQUIRES A RETURN VISIT DUE TO INACCURATE CHECKS ABOVE, WILL RESULT IN AN EXTRA CHARGE OF \$ TBD (DOLLARS)</u>		
MECHANICAL CONTRACTOR:					GENERAL CONTRACTOR:		
SIGNATURE:					GENERAL CONTRACTOR SIGNATURE:		
DATE:					DATE:		

