



City of Fort Collins Commissioning Checklist

Project address _____ Permit # _____

Commissioning Authority
 Company Name _____ Project Manager _____

Submit proof of qualifications of Commissioning Authority (CxA) to Building Official. CxA must carry one of the following certifications: CxA by ACG (AABC Commissioning Group), CBCP by AEE (Assoc of Energy Engineers), CPMP or BCxP by ASHRAE, CCP by BCA (Building Commissioning Assoc), CxAP/CAP/CxM/GcxP or GCP by Univ of Wisconsin Madison.

Initials	Date	Item
		Review Owner's project requirements (OPR)
		Review Basis of Design (BOD)
		Include commissioning requirements in project specifications
		Develop Commissioning Plan
		Complete Pre-functional Checklist
		Complete Function Performance Test
		Complete a commissioning report
		Verify owner requirements for training personnel and building occupants is complete.
		Verify that a system manual that includes operations and maintenance documentation and full warranty information and provides operating staff the information needed to understand and operate the commissioned systems as designed has been completed.
		Commissioning of the following systems has been completed:
		HVAC, Refrigeration, and associated controls
		HVAC components and systems related to Indoor Air Quality per IBC 3603.1.1 as amended by City of Fort Collins have been inspected
		The air barrier assembly has been inspected for continuity and integrity at the follow locations in the building within 5% completion of each: <ol style="list-style-type: none"> 1) Roof-wall intersections 2) Fenestration flashing 3) Fenestration installation 4) Bottom of wall (wall-to-foundation connection) 5) Connection of dissimilar wall and roof assemblies 6) Isolation of interior rooms such as mechanical and paint rooms 7) Wall and roof penetrations
		Lighting and shading controls
		Service water heating systems
		Renewable energy systems

I hereby attest the above mentioned address has been commissioned per 2021 International Energy Conservation Code Section C408 Maintenance Information System Commissioning.

 Commissioning Authority

_____/_____/_____
 Signature Date

 Certification Number or Stamp

_____/_____/_____
 Date of Expiration