

System Verification Checklist

[Project]

System: **ASTM E779 Air Barrier Leakage Test Preparation**

Service: **Building Name/Number**

Contractor:	
Floor:	
Items to be provided by Contractor to FCG prior to Air Barrier Testing.	Date/I
Obtain copies of drawings of site plans (with sea level elevations), floor plans, building elevations and wall sections with dimensions and Building Numbers and addresses at least a week prior to the testing date.	
Obtain a copy of the Design-Build RFP or Air Barrier Specification for the project Air Barrier Testing requirements.	
Provide contact names, cell phone numbers and e-mail addresses for each building.	
FCG perform Pre-Test observation walk-through of Air Barrier surfaces.	
FCG to confirm if two-way communication will be required	
Items to be completed by FCG with Contractor support prior to Air Barrier Testing.	Date/I
Wear Personal Protective and Safety Equipment (PPE); Eyewear, Footwear, Hearing Protection, Safety Vest, and adhere to project safety requirements.	
Install Air Barrier Testing Door Signs on the appropriate doors.	
Confirm HVAC grilles, supply & return air registers have been covered and sealed.	
Confirm acoustical ceiling tile panels have been installed.	
Confirm open face junction boxes have covers or have been taped.	
Confirm voids and penetrations have been sealed and/or fire-stopped per specifications.	
Confirm HVAC, exhaust, supply or return fans are turned off during testing.	
Confirm the interior doors of conditioned rooms are propped open.	
Confirm the closets and other non-conditioned room doors are closed.	
Confirm windows are closed and locked.	
Confirm door sweeps installed and adjusted as required by specifications.	
Identify door blower installation locations for 1, 2 or 3 point testing.	
Items to be completed after the Air Barrier Testing.	Date/I
Remove Air Barrier Testing Door Signs from the doors.	
Confirm HVAC grilles, supply & return air registers have been uncovered.	
Confirm HVAC, exhaust, supply or return fans are placed in normal operation.	
Prepare and submit Air Barrier Test Report.	

Remarks: Date/I = Date/Initial

"This System Verification Checklist document represents FCG's standard test protocol, basic functional test, and FCG's best understanding of the designed sequence of operation. This document DOES NOT define design intent, supersede contract documents, or direct means and methods."