**HVAC Test & Balance Confirmation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TO:** |  | | **FAX/EMAIL:** |  | | |
| **FROM:** | [logistics@melinkcorp.com](mailto:logistics@melinkcorp.com) | | **DATE:** |  | | |
| **JOB NAME:** |  | | **ADDRESS:** |  | | |
| **SCHEDULED DATE FOR T&B:** | |  | | | *(Ideally 1-2 weeks before turnover)* |  |

**To ensure the HVAC system is ready for the test and air balance on the above scheduled date, please verify that the following (applicable) items are completed. These items are critical of the air balance:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Permanent power and gas to building is turned on. |  | YES |  | Completion Date |
| 2. HVAC system is started up and operational (RTU/EF/MUA/AHU/OA). |  | YES |  | Completion Date |
| 3. VAV’s installed (if applicable) & will controls contractor be available. |  | YES |  | Completion Date |
| 4. All diffusers, registers, and dampers are installed (dampers full open & visible). |  | YES |  | Completion Date |
| 5. Thermostats and remote sensors are wired and operational. |  | YES |  | Completion Date |
| 6. Kitchen hood grease filters are installed. |  | YES |  | Completion Date |
| 7. Rooftop or attic access is available. |  | YES |  | Completion Date |
|  |  |  |  |  |
| **These items are for informational purposes & should not impact the T&B date, Please state either Y (for yes) or N (for No):** |  |  |  |  |
| 8. Will access to ductwork and equipment require a ladder/lift taller than 8 ft? \_\_\_\_\_\_\_ |  |  |  |  |
| a. If a ladder/lift is required, will one be available for Melink’s use? \_\_\_\_\_\_  9. Does this job require a Certificate of Insurance? \_\_\_\_\_\_  a. If yes, please attach a copy of your Certificate requirements  10. Is the address for the job site correct? \_\_\_\_\_\_ |  |  |  |  |

***BY SIGNING, I AUTHORIZE MELINK TO PERFORM THE TEST & BALANCE ON THE SCHEDULED DATE ABOVE. PLEASE RETURN THE COMPLETED CHECKLIST TO MELINK CORPORATION: FAX (513) 965-7354 EMAIL:*** [***logistics@melinkcorp.com***](mailto:logistics@melinkcorp.com)***. THIS REQUEST FOR WORK WILL ONLY BE SCHEDULED UPON RECEIPT OF COMPLETED CHECKLIST INDICATING THE SITE IS READY. IF THE HVAC SYSTEM IS NOT 100% READY BUT THE SCHEDULED DATE IS STILL DESIRED; PLEASE CONTACT MELINK CORPORATION TO DISCUSS ALTERNATIVES.***

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| --- | --- | --- | --- |
| **Supt or PM Signature:** |  | **Date:** |  |

***NOTE: This checklist must be returned to Melink by the due date requested to prevent a $450 surcharge for insufficient notice. In the event that the Test & Balance cannot be completed within the scheduled timeframe due to site conditions or issues with the installed systems, a revisit to complete the work will be required and additional charges will apply.***