



Agri-Food Discovery Place Equipment Commissioning Form

**1. Completed by person ordering equipment**

Equipment Name	
Model #	
Serial #	

Lead Member of AFDP in charge of commissioning Equipment								
Shipping Height		Width		Length		Weight		
Actual Height		Width		Length		Weight		
Hallway doors: 7'x 5'9.5" or 213cm x 175cm								
Fork lift Capacity: 2200lb Pallet jack capacity:2500kg								
Preferred Location:				Location in the Room				
Equipment fits with capacity line up string:							Yes	No

**Required Feeds:**

Electrical Requirements	Amps			Volts		Phase		Frequency	
Natural Gas	Yes	No		Size		Pressure			
Compressed Air	Yes	No		Size		Pressure		Volume	
Water	Yes	No		RO		Domestic Cold Water		Domestic Hot Water	
Steam	Yes	No		Clean		High Pressure		Low Pressure	
Cooling	Yes	No		Temp		Rate			

**Expected Feed Material**


**Discharge Streams:**

Venting	Yes	No		Type					
Drain Access	Yes	No							
Other Waste Streams	Yes	No		If Yes describe					

Responsible Party for Installation									
Speed Code									

Wing Manager Approval	Signature		Date	
-----------------------	-----------	--	------	--



**2 Work Request Placed for installation of:**

Electrical	Yes		No		Initial:
Natural Gas	Yes		No		Initial:
Compressed Air	Yes		No		Initial:
Water	Yes		No		Initial:
Steam	Yes		No		Initial:
Cooling	Yes		No		Initial:
Venting	Yes		No		Initial:
Misc Installation	Yes		No		Initial:
Describe below					

**3 Pre Use Equipment Check**

Equipment received in good order	Yes		No		Initial:
Manual Existing	Yes		No		Initial:
Manual has been read	Yes		No		Initial:
Electrical connections free of fraises, cracks or bare wires	Yes		No		Initial:
Is there anything broken or scratched?	Yes		No		Initial:
Did the manual come with the equipment	Yes		No		Initial:
Electronic copy of manual received	Yes		No		Initial:
Equipment rated according to specs	Yes		No		Initial:
Equipment turns on	Yes		No		Initial:
Motors run in correct direction	Yes		No		Initial:
All valves operate properly	Yes		No		Initial:
Tanks have had volumes calibrated	Yes		No		Initial:
Safety devices work	Yes		No		Initial:
All transportation equipment has been removed	Yes		No		Initial:

**4 Hazard Management**

CSA Inspection and Certification completed	Yes		No		Initial:
AFDP Hazard Assessment and Control document has been completed and given to Wing Manager	Yes		No		Initial:
Draft SOP written	Yes		No		Initial:
Wing Manager approved running of equipment	Sign:			Date:	



**5 Test Run**

Test run completed based on draft SOP	Yes		No		Initial
SOP has been reviewed	Yes		No		Initial:
Wing Manager approved the above SOP	Yes		No		SOP #
Wing Manager Signature:					Date

**6 Equipment Maintenance**

Manuals given to Maintenance	Yes		No		Initial
Regular maintenance set up	Yes		No		Initial:
Manuals filed	Yes		No		Initial:
Equipment placed on website	Yes		No		Initial:
Consumables ordered	Yes		No		Initial:

<b>FOR OFFICE USE ONLY</b>					
<b>EQUIPMENT READY FOR CLIENT USE</b>					
Purchaser/Lead Name: Print		Signature:		Date:	
Operator name: Print		Signature:		Date:	
Maintenance: Print		Signature:		Date:	
Wing Manager: Print		Signature:		Date:	

Approval:

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair WHSC

\_\_\_\_\_  
Date