

HVAC Checklist

HVAC Drawing Check List					
Project Name _____			Drawing Checked _____		
Project Number _____			Date _____		
Checked By _____			Verified By _____		
S.No	Checkpoints	Response			Remarks
TITLE					
1.1	Has correct sheet size, format and title block been used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
1.2	Is the Project logo and address shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
1.3	Is the project name shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
1.4	Is the design stage and date shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
1.5	Is the Key plan shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
1.6	Is the north arrow shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
1.7	Is the scale shown and appropriate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
1.8	Is the drawing number & drawing name shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
GENERAL					
2.1	Are legends, general notes and abbreviations shown correctly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.2	Are the grid-lines shown correctly and halftone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.3	Are all the architecture & structure element halftone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.4	Are wall element cut pattern visibility unchecked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.5	Are ceilings & patterns are shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.6	Are match-line and reference text shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.7	Are view name shown as per BIM manual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.8	Are all room tags are shown and aligned properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
2.9	Are all unwanted architecture elements are hide?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
FLOOR PLAN					
3.1	Are all the ducts center line must be turned off?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.2	Are all the ducts system must match with legend?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.3	Are all the ducts insulation shown in grey color with dash 1/8 pattern?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.4	Are all the ducts insulation in tap beveled fitting must be invisible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.5	Are all ducts are given with duct tag (Size & BOD)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.6	Are all ducts up & down mention clearly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.7	Are all air terminals are given with air terminal tag (size & air flow)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.8	Are all mechanical equipment's are given with equipment tag?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.9	Are all Hydronic pipes are given with pipe tag (Size & BOD)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.10	Are all Hydronic pipes up & down mention clearly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.11	Are all the Hydronic pipes center line must be turned off?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.12	Are all the Hydronic pipes system must match with legend?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	

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3.13	Are all the Hydronic Pipe insulation shown in grey color with dash 1/8 pattern?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.14	Did the false ceiling level indicated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.15	Are all tags not overlap with other architecture & structural elements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.16	Are all tags not overlap with each other?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.17	Are all tags not overlap with Room tags?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.18	Are all ducts are given with reference dimension horizontally & vertically?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.19	Are all pipes are given with reference dimension horizontally & vertically?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.20	Are all tags as per BIM standard manual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.21	Are all dimensions as per BIM standard Manual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.22	Are all duct riser mention clearly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
3.23	Are all Hydronic pipe riser mention clearly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
BUILDING SECTION					
4.1	Did the section mark & name matched with plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
4.2	Did the finished floor level marking with level indication mark given?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
4.3	Did the floor to floor height & total height of structure given?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
4.4	Did the grid line & grid name mention as per BIM standard manual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
4.5	Did the ducts are annotated properly with system, size, & BOD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
4.6	Did the Hydronic pipe are annotated properly with system, size, & BOD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
4.7	Did the horizontal & vertical reference dimensions are shown in duct?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
4.8	Did the horizontal & vertical reference dimensions are shown in hydronic pipe?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
MECHANICAL ROOM SECTION					
5.1	Did the section mark & name matched with plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
5.2	Did the finished floor level marking with level indication mark given?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
5.3	Did the floor to floor height & total height of structure given?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
5.4	Did the equipment name and valve package name mention clearly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
5.5	Did the vertical dimension of duct (BOD) indicated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
5.6	Did the duct system and size indicate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
QUANTITY TAKEOFF					
6.1	Ducts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.2	Grills	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.3	Fire Dampers & Car Dampers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.4	Kitchen Exhaust	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.5	Boiler Chimney	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.6	Boiler	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.7	Mechanical Units	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	

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6.8	Fans	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.9	Access doors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.10	Expansion Joints	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.11	Pumps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.12	Va lves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.13	Refrigerant Line	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.14	Insulation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.15	Laundry Exhaust	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.16	Bathroom Exhaust	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.17	Garage Exhaust	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
6.18	Fresh Air	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
COLOR CODING					
7.10	RETURN AIR-MAGENTA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.20	SUPPLY AIR (FROM AC UNIT)-GREEN (BRIGHT)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.30	EXHAUST AIR (APT DUCTS)-ORANGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.40	MAKEUP AIR (AIR FROM ERV)-GREEN (BRIGHT)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.50	OUTSIDE AIR -BLUE (BRIGHT)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.60	CHILLED WATER RETURN-NOT APPLICABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.70	CHILLED WATER SUPPLY-NOT APPLICABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.80	CONDENSATE DRAIN-BROWN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.90	REFRIGERANT LINES-PURPLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.10	HEATING HOT WATER RETURN-NOT APPLICABLE (ELEC. PTACS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.11	HEATING HOT WATER SUPPLY-NOT APPLICABLE (ELEC. PTACS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.12	OTHER-DARK GRAY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.13	MECHANICAL EQUIPMENT/UNITS-DARK GRAY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
7.14	INSULATION-SAME AS SERVICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	