



UNIVERSITY OF NOTRE DAME UTILITIES & MAINTENANCE DEPARTMENT

PIPE CLEANING REQUEST FORM

In order to ensure successful and comprehensive cleaning of building piping systems the following form must be completed and returned to the University of Notre Dame Utilities Department in order to initiate scheduling of the piping system cleaning. This form must be submitted a minimum of four weeks prior to the requested cleaning date to the Notre Dame Utilities Department

Failure to provide this completed request may result in project schedule delays. Piping systems are NOT to be filled prior to approval of this request form. Failure to properly complete this form and follow the Check List may result in damage to the piping systems as well as other property damage. The contractor hereby knowingly and voluntarily assumes all risk of injury, property damage and liability for any and all costs associated with any service interruption and restoration, as well as for any claims, demands, actions, causes of actions, damages or judgments arising out of personal injuries or property damage resulting from the system use.

Party Requesting Cleaning:

Company Name:
Contact Person:
Telephone No.:
Date of Request:

Project Information:

Project Name:
Project Location:

Requested System Information:

Type of piping system cleaning: Steam, Condensate, Heating, Chilled Water, Auxiliary Chilled Water, Heat Recovery Water, Other (Specify)

Indicate full or partial system cleaning: Full, Partial

If partial, reason for only partial:

Date after which piping system will be ready to perform cleaning:

Other Information:

Contractor Sign-off:

We the following contractors do certify that all work will be complete by the requested date for the above mentioned piping systems. Such work shall include all necessary electrical work for pumps, mechanical piping, side stream filters, controls, fan/pump equipment etc. that is necessary to fully circulate water throughout the aforementioned piping systems. Complete checklist attached.

Further, we represent and warrant that we understand how to operate the entire system in its current condition that the components thereof.

General Contractor:
Electrical Contractor:
Mechanical Contractor:
Sheetmetal Contractor:
Temperature Control Contr.:

Piping Cleaning Schedule Information: (Completed by UND Utilities)

Cleaning Scheduled to Begin on Following Date:

Number of Days Scheduled On Site:



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PIPE CLEANING CHECK LIST

Project: _____ Date: _____

Date Requested to begin cleaning: _____

Steam System: _____ System Volume: _____

Piping Materials:	Steel _____	%
	Copper _____	%
	Galvanized _____	%
	Aluminum _____	%
	Other (Specify) _____	%

Special Considerations (Specify): _____

Systems Components:

Pump VFD commissioning date: _____

Side Stream Filter/Feeder Installed: _____

Side Stream Filter Bags Installed: _____

Manual Valves in open position: _____

Automatic controls operational: _____

Strainers installed: _____

Make-up Water Source: _____

Make-up and Drain Connections Available: _____

Other Components:

Provided Description of application and use: _____

Condensate System: _____ System Volume: _____

Piping Materials:	Steel _____	%
	Copper _____	%
	Galvanized _____	%
	Aluminum _____	%
	Other (Specify) _____	%

Special Considerations (Specify): _____

Systems Components:

Pump VFD commissioning date: _____

Side Stream Filter/Feeder Installed: _____

Side Stream Filter Bags Installed: _____

Manual Valves in open position: _____

Automatic controls operational: _____

Strainers installed: _____

Make-up Water Source: _____

Make-up and Drain Connections Available: _____

Other Components:

Provided Description of application and use: _____

Contractor: _____

Representative: _____

Contact Information: _____



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Project: _____ Date: _____

Date Requested to begin cleaning: _____

Heating System: _____ System Volume: _____

Piping Materials:	Steel _____	%
	Copper _____	%
	Galvanized _____	%
	Aluminum _____	%
	Other (Specify) _____	%

Special Considerations (Specify): _____

Systems Components:

Pump VFD commissioning date: _____

Side Stream Filter/Feeder Installed: _____

Side Stream Filter Bags Installed: _____

Manual Valves in open position: _____

Automatic controls operational: _____

Strainers installed: _____

Make-up Water Source: _____

Make-up and Drain Connections Available: _____

Other Components:

Provided Description of application and use: _____

Chilled Water System: _____ System Volume: _____

Piping Materials:	Steel _____	%
	Copper _____	%
	Galvanized _____	%
	Aluminum _____	%
	Other (Specify) _____	%

Special Considerations (Specify): _____

Systems Components:

Pump VFD commissioning date: _____

Side Stream Filter/Feeder Installed: _____

Side Stream Filter Bags Installed: _____

Manual Valves in open position: _____

Automatic controls operational: _____

Strainers installed: _____

Make-up Water Source: _____

Make-up and Drain Connections Available: _____

Other Components:

Provided Description of application and use: _____

Contractor: _____

Representative: _____

Contact Information: _____



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Project: _____ Date: _____

Date Requested to begin cleaning: _____

Auxiliary Chilled Water System: _____ System Volume: _____

Piping Materials: Steel _____ %
 Copper _____ %
 Galvanized _____ %
 Aluminum _____ %
 Other (Specify) _____ %

Special Considerations: Glycol _____
 Other (Specify) _____

Systems Components:

Pump VFD commissioning date: _____
 Side Stream Filter/Feeder Installed: _____
 Side Stream Filter Bags Installed: _____
 Manual Valves in open position: _____
 Automatic controls operational: _____
 Strainers installed: _____
 Make-up Water Source: _____
 Make-up and Drain Connections Available: _____

Other Components:

Provided Description of application and use: _____

Heat Recovery Water System: _____ System Volume: _____

Piping Materials: Steel _____ %
 Copper _____ %
 Galvanized _____ %
 Aluminum _____ %
 Other (Specify) _____ %

Special Considerations: Glycol _____
 Other (Specify) _____

Systems Components:

Pump VFD commissioning date: _____
 Side Stream Filter/Feeder Installed: _____
 Side Stream Filter Bags Installed: _____
 Manual Valves in open position: _____
 Automatic controls operational: _____
 Strainers installed: _____
 Make-up Water Source: _____
 Make-up and Drain Connections Available: _____

Other Components:

Provided Description of application and use: _____

Contractor: _____

Representative: _____

Contact Information: _____



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Project: _____ Date: _____

Date Requested to begin cleaning: _____

Other Water System (Specify): _____ System Volume: _____

Piping Materials:	Steel	_____	%
	Copper	_____	%
	Galvanized	_____	%
	Aluminum	_____	%
	Other (Specify)	_____	%

Special Considerations: Glycol _____
 Other (Specify) _____

Systems Components::

Pump VFD commissioning date: _____

Side Stream Filter/Feeder Installed: _____

Side Stream Filter Bags Installed: _____

Manual Valves in open position: _____

Automatic controls operational: _____

Strainers installed: _____

Make-up Water Source: _____

Make-up and Drain Connections Available: _____

Other Components:

Provided Description of application and use: _____

Contractor: _____

Representative: _____

Contact Information: _____