

EXHIBIT 01 77 00-2, ELEVATOR REQUIREMENTS
FSQA PRE-SUBSTANTIAL VERIFICATION CHECKLIST

PROJECT NAME: _____

BUILDING #: _____

DATE: _____

PRE-SUBSTANTIAL COMPLETION

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | O&M Manuals Provided |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All Commissioning Checklists successfully completed and documentation forwarded |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All Commissioning Functional Testing successfully completed with FSQA witnessing and documented. (If not state which test(s) are in-complete and reason.) |
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| | | | • |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Code Compliance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting and Ventilation in Machine Room |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disconnects Marked in Machine Room |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Lights Tested |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pit Ladder and Lighting Installed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safeties Tested |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Service Complete |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Buffer and Governor Tests |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Terminal Stopping Devices Tested |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spare Parts and Keys Provided |

NOTE: Upon receipt of affirmative response on all applicable items used above, FSQA will recommend acceptance of Substantial Completion certification.

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- Specified Operator Training Completed
- Systems Demonstrated to Owner Personnel
- System Performance Tested and Confirmed
- System is Fully Operational
- Checklist Completed
- _____
- _____
- _____

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