

EXHIBIT 01 77 00-3, PLUMBING 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"/>	Code Compliance
<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"/>	Water Disinfection Complete and Tested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back Flow Preventers Inspected and Tagged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Vacuum Breakers Installed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified By-Passes in Place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Parts and Keys Provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified Operator Training Completed
<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"/>	Systems Demonstrated to Owner Personnel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Performance Tested and Confirmed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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