

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"/>	Air Handlers, Fans, Fume Hoods Operational
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Balance Report Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-start up of Equipment
<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"/>	Systems Demonstrated to Owner Personnel
<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"/>	_____
<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.