

EXHIBIT 01 77 00-7, CONTROLS 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"/>	Air Compressor and Dryer Operational
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Compressor Run-Time Verified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Controlled Equipment Operational
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balance Reports Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final Calibration of Controls
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Schematics Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Classroom Training, if Specified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Parts and Keys Provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Systems Demonstrated to Owner Personnel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Systems are Fully Operational
<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.)
			•
			•
			•
<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.