

EXHIBIT 01 77 00-10, LIGHTING REQUIREMENTS  
FSQA PRE-SUBSTANTIAL VERIFICATION CHECKLIST

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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"/> | 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"/> | 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"/> | System Performance Tested and Confirmed   |
| <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.