

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"/> | CGS Printout Provided |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Plans Showing Devices and Locations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Alarm Loop Extended to Terminal Box |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Master Box Tie-in Complete |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signal Cables or Telecom Lines Extended |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AC/DC Disconnect Switches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler System Operational |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tie-in of All Devices Complete |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Elevator Fireman's Service Interface Complete |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All Monitored Systems Complete |
| <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"/> | 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 is Fully Operational |

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

EXHIBIT 01 77 00-12, FIRE ALARM REQUIREMENTS
FSQA PRE-SUBSTANTIAL VERIFICATION CHECKLIST

- Fire Station Tie-in Completed
- All Troubles Removed
- Alarm Transmission Successful
- _____
- _____

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