**CADD QUALITY ASSURANCE CHECKLIST**

This checklist must accompany all CADD drawings submitted to Virginia Tech. By signing and submitting this checklist, the design professional confirms that all materials adhere to the requirements of the Virginia Tech Design and Construction Standards Manual (DCSM).

|  |  |
| --- | --- |
| VT Project Name: | Provide the project name |
| VT Project Number: | Provide the project number |
| Phase: | Identify the construction phase |

|  |  |  |
| --- | --- | --- |
| File Format and Setup |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | AutoCAD DWG |  | Drawing Files (DCSM section 2.8.4) |
|  | AutoCAD DXF |  |  |
|  | Revit |  |  |

|  |  |  |
| --- | --- | --- |
| AutoCAD Drawings (DCSM section 2.8.5) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Title Blocks (DCSM section 2.8.5.6) |  |  |
|  | Layer Standards (DCSM section 2.8.5.2) |  |  |
|  | Entity Properties (DCSM section 2.8.5.3) |  |  |
|  | External References Policy (DCSM section 2.8.5.7) |  |  |
|  | Referenced Image Policy (DCSM section 2.8.5.8) |  |  |
|  | Fonts and Text Styles (DCSM section 2.8.5.9) |  |  |

|  |  |
| --- | --- |
|  | Enter the date |
| Signature of Design Professional | Date |
| Provide name | Provide title |
| Printed Name of Design Professional | Title |
| Provide company name |  |
| Company Name |  |
| Provide street address | Provide city/state/zip |
| Street Address | City/State/Zip |
| Provide email address | Provide phone number |
| Email Address | Telephone Number |