

Checklist for Occupancy (Beneficial) (Set up) (Partial)

Building Permit #: _____ Workorder #: _____ PC #: _____

Building: _____

Floor(s): _____ Area: _____ sq. ft.

Spaces (to be occupied, if not full building): _____

Date when completed. Comments/Explanations to right of question. Items not in project use N/A.

- _____ Floor covering/finish complete?
- _____ Convenience Lighting operable?
- _____ Emergency lighting operable?
- _____ Electrical circuits operable?
- _____ Electrical face plates/cover plates installed?
- _____ HVAC operable and properly functioning?
- _____ Exhaust systems operable and properly functioning (includes hoods, fire dampers and smoke detectors)?
- _____ Lab gases properly installed and operable?
- _____ Water system disinfected, portable and operable?
- _____ Cold water available at all fixtures?
- _____ Hot water available at all fixtures?
- _____ Bacteria Test Complete and document submitted?
- _____ Sprinkler system tested and properly functioning?
- _____ NFPA 13 document signed and submitted?
- _____ Fire alarm system tested and properly functioning?
- _____ NFPA 72 document signed and submitted?
- _____ Fire alarm system on network?
- _____ Proper hardware functioning on all fire separation and egress doors?
- _____ Interior EXITWAYS clear and unobstructed?
- _____ Stairs conform to VUSBC and ADAAG requirements?
- _____ Exterior EXITWAY clear and unobstructed?
- _____ Statement of Special Inspections Final Report complete and submitted?
- _____ Fire Marshal Inspection report recommending occupancy?
- _____ University Building Official Office Final Inspection complete with no objections?
- _____ Elevator inspected and approved by elevator inspector?
- _____ Elevator inspected and approved by State Fire Marshal's Office?

Project Manager Signature: _____ Date: _____