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

Building Permit #: _____ Work Order #: _____

Building: _____

Floor(s): _____

Spaces (To be occupied, if not full building. Include floor plans showing areas requested for occupancy and exits/egress routes and occupancy quantities): _____

Enter Date When Completed. Comments/Explanations to right of question. Items not in project use N/A.

_____ Means of egress clear of debris and trip hazards?

_____ All lighting, including emergency lighting, operable?

_____ All electrical circuits operable and properly installed?

_____ Electrical face plates/cover plates installed?

_____ HVAC operable, properly functioning? Provide a preliminary TAB report.

_____ Provide verification that all exhaust systems are operable and properly functioning. (includes hoods, fire dampers, and smoke alarms)

_____ Lab gases properly installed and operable?

_____ Water system disinfected, potable and operable?

_____ Hot and cold water available to all fixtures?

_____ Bacteria Test Complete and document submitted?

_____ Sprinkler system tested and properly functioning. Provide completed NFPA 13 document including dates and signatures.

_____ Fire alarm system tested and properly functioning? Provide completed NFPA 72 document including dates and signatures.

_____ Fire alarm system on network?

_____ Proper hardware functioning on all fire separation and egress doors?

_____ Stairs conform to VUSBC and ADAAG requirements? All fire rated assemblies complete and all penetrations addressed.

_____ Exterior walkways completed, compliant and unobstructed?

_____ Statement of Special Inspections Final Report complete and submitted?

_____ Elevator inspected and approved by State Fire Marshal's Office?

_____ Fire Marshal Inspection report recommending occupancy?

_____ Elevator inspected and approved by elevator inspector?

_____ Thermal Envelope Certificate complete and submitted?

_____ Health Department inspection approval (if applicable)?

_____ Boiler and Pressure Vessel inspection report (if applicable)?

_____ Smoke Control and Stairwell Pressurization inspection reports (if applicable)?

_____ University Building Official Final Inspection complete with no objections?

Project Manager Signature: _____ Date: _____