|  |  |
| --- | --- |
| PROJECT #, NAME: |  |
| PROJECT MANAGER: |  |
| INSPECTION LOCATION: |  |
| REQUESTOR (name, firm): |  |
| REQUESTOR (phone #, e-mail) |  |
| DATE & TIME REQUEST MADE: |  |
| DATE & TIME INSPECTION REQUESTED: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Site Conduit Placement  1 3 4 18 |  | 6 | Labeling  7 19 20 27 29 |  |
| 2 | Site cable placement  2 5 16 |  | 7 | Inside Cabling  19 23 24 25 26 27 |  |
| 3 | Above ceiling  6 7 13 15 18 |  | 8 | Emergency/Blue Phone  24 |  |
| 4 | Telecomm. Room(s)  7 8 9 10 11 12 14 17 |  | 9 | As-built drawings  28 |  |
| 5 | Elevator(s)  23 |  | 10 | **Substantial Completion Inspection** |  |

* Check the box for inspection type
* Circle or highlight the Inspection//Review Item number(s) that corresponds with the OIT Checklist
* E-mail this form to: OIT-CNS ([msawyer@ufl.edu](mailto:jmadey@ufl.edu) and [jmadey@ufl.edu](mailto:jmadey@ufl.edu)) and UF Project Manager

Specific area(s) to be inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re-Inspection:  Specify Corrections Made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Result:  PASSED (exceptions listed below)  FAILED

Inspector comments (attach additional sheets if necessary):

|  |
| --- |
|  |

Inspector Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_