

Quality Conformance Inspection Request and Report

UF PROJECT NUMBER*: _____ PROJECT MANAGER: _____
 PROJECT NAME: _____
 INSPECTION LOCATION*: _____
 INSPECTION DESCRIPTION*: _____
 INSPECTION POC*: _____ POC PHONE NUMBER*: _____
 DATE/TIME REQUEST MADE*: _____ DATE/TIME INSPECTION REQUESTED*: _____

| Phase Checklist Category | | Phase Checklist Category | |
|---|--------------------------|--|--------------------------|
| 1. Notice to Proceed (<i>No inspection will happen from this, for communication only</i>) | <input type="checkbox"/> | 13. Electrical Systems | <input type="checkbox"/> |
| | | 1 2 3 4 5 6 7 8 9 10 11 | |
| 2. Completed Demolition | <input type="checkbox"/> | 14. Building Fire Alarm | <input type="checkbox"/> |
| 1 | | 1 2 3 4 | |
| 3. Site Underground Sanitary Systems | <input type="checkbox"/> | 15. Energy Management and Control | <input type="checkbox"/> |
| 2 3 4 | | 1 | |
| 4. Site Underground Storm Systems | <input type="checkbox"/> | 16. Roofing and Building Envelope | <input type="checkbox"/> |
| 2 3 4 6 | | 1 2 3 | |
| 5. Site Underground Irrigation Systems | <input type="checkbox"/> | 17. Finishes and Flooring | <input type="checkbox"/> |
| 2 3 4 5 6 | | 1 2 3 | |
| 6. Site Underground Potable Water Systems | <input type="checkbox"/> | 18. Door Hardware and Keys | <input type="checkbox"/> |
| 2 3 4 5 6 7 | | 1 2 3 | |
| 7. Site Underground Chilled Water Systems | <input type="checkbox"/> | 19. Elevators | <input type="checkbox"/> |
| 2 3 4 5 | | 1 2 3 4 5 6 7 8 9 | |
| 8. Site Underground Steam Systems | <input type="checkbox"/> | 20. Landscaping and Solid Waste Mgmt. | <input type="checkbox"/> |
| 2 3 4 5 6 | | 1 2 3 4 5 6 | |
| 9. Building Potable Water Systems | <input type="checkbox"/> | 21. Building Services | <input type="checkbox"/> |
| 1 2 3 | | 1 | |
| 10. Site/Building Fire Systems | <input type="checkbox"/> | 22. Security Access Control | <input type="checkbox"/> |
| 1 2 3 | | 1 2 3 4 5 6 7 8 9 | |
| 11. Building Plumbing/Fixtures | <input type="checkbox"/> | 23. Utility Services Transfer | <input type="checkbox"/> |
| 1 2 3 | | 1 2 | |
| 12. Building HVAC Systems | <input type="checkbox"/> | Substantial Completion Inspection | <input type="checkbox"/> |
| 1 2 3 4 5 6 7 | | | |

Note: Check the box to the right of the Category(s) to be inspected. Type the Phase number(s) in the box to the left of the Category name. Category phase descriptions can be located on the UF PDC website. (<http://www.facilities.ufl.edu/projects/forms.php>)

e-mail this form to: TSS-PPD-Inspection-Request@ad.ufl.edu

Re-Inspection: Specify Corrections Made: _____

Inspection Result: PASSED (ANY EXCEPTIONS LISTED BELOW) FAILED

Inspector comments (attach additional sheets if necessary):

Inspector Signature _____ Date: _____