### 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.**

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

**Project Manager Signature:** __________________________  **Date:** __________________________