|  |  |
| --- | --- |
| 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 | Labeling7 19 20 27 29 | [ ]  |
| 2 | Site cable placement2 5 16 | [ ]  | 7 | Inside Cabling19 23 24 25 26 27  | [ ]  |
| 3 | Above ceiling6 7 13 15 18 | [ ]  | 8 | Emergency/Blue Phone24 | [ ]  |
| 4 | Telecomm. Room(s) 7 8 9 10 11 12 14 17 | [ ]  | 9 | As-built drawings28 | [ ]  |
| 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 and 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):

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| --- |
|  |

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