**Quality Conformance Inspection Request and Report**

PROJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROJECT MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSPECTION LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSPECTION POC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POC PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE/TIME REQUEST MADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE/TIME INSPECTION REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phase Checklist Category Phase Checklist Category**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Site Underground Sanitary Systems  2 3 4 |  | 12 | Building Fire Alarm  1 2 3 4 |  |
| 2 | Site Underground Storm Systems  2 3 4 6 |  | 13 | Energy Management and Control  1 |  |
| 3 | Site Underground Irrigation Systems  2 3 4 5 6 |  | 14 | Roofing and Building Envelope  1 2 3 |  |
| 4 | Site Underground Potable Water Systems  2 3 4 5 6 7 |  | 15 | Finishes and Flooring  1 2 3 |  |
| 5 | Site Underground Chilled Water Systems  2 3 4 5 |  | 16 | Door Hardware and Keys  1 2 3 |  |
| 6 | Site Underground Steam Systems  2 3 4 5 6 |  | 17 | Elevators  1 2 3 4 5 6 7 8 9 |  |
| 7 | Building Potable Water Systems  1 2 3 |  | 18 | Landscaping and Solid Waste Management  1 2 3 4 5 6 |  |
| 8 | Site/Building Fire Systems  1 2 3 |  | 19 | Building Services  1 |  |
| 9 | Building Plumbing/Fixtures  1 2 3 |  | 20 | Security Access Control  1 2 |  |
| 10 | Building HVAC Systems  1 2 3 4 5 6 7 |  | 21 | Utility Services Transfer  1 2 |  |
| 11 | Electrical Systems  1 2 3 4 5 6 7 8 9 10 |  |  | **Substantial Completion Inspection** |  |

Note: Check the box adjacent to the Phase Checklist (s). Circle the Inspection//Review Item number(s)

Category Codes and Item Numbers are taken from the inspection checklists

**e-mail this form to:**

[**michaelggalipeau@ufl.edu**](mailto:michaelggalipeau@ufl.edu)**,** [**jcarsey@ufl.edu**](mailto:jcarsey@ufl.edu)**,** [**cvaugha@ufl.edu**](mailto:cvaugha@ufl.edu)**,** [**HC-PPD-Projects@ufl.edu**](mailto:HC-PPD-Projects@ufl.edu)**,** [**dgriff@ufl.edu**](mailto:dgriff@ufl.edu)

Specific area(s) to be inspected:

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

Inspection Result:  PASSED (ANY EXCEPTIONS LISTED BELOW)  FAILED

Inspector comments (attach additional sheets if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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