**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 Alarm1 2 3 4  | [ ]  |
| 2 | Site Underground Storm Systems 2 3 4 6 | [ ]  | 13 | Energy Management and Control1  | [ ]  |
| 3 | Site Underground Irrigation Systems 2 3 4 5 6 | [ ]  | 14 | Roofing and Building Envelope1 2 3 | [ ]  |
| 4 | Site Underground Potable Water Systems 2 3 4 5 6 7 | [ ]  | 15 | Finishes and Flooring1 2 3 | [ ]  |
| 5 | Site Underground Chilled Water Systems 2 3 4 5 | [ ]  | 16 | Door Hardware and Keys1 2 3 | [ ]  |
| 6 | Site Underground Steam Systems 2 3 4 5 6  | [ ]  | 17 | Elevators1 2 3 4 5 6 7 8 9 | [ ]  |
| 7 | Building Potable Water Systems1 2 3  | [ ]  | 18 | Landscaping and Solid Waste Management1 2 3 4 5 6 | [ ]  |
| 8 | Site/Building Fire Systems1 2 3 | [ ]  | 19 | Building Services1 | [ ]  |
| 9 | Building Plumbing/Fixtures1 2 3  | [ ]  | 20 | Security Access Control1 2  | [ ]  |
| 10 | Building HVAC Systems1 2 3 4 5 6 7 | [ ]  | 21 | Utility Services Transfer1 2 | [ ]  |
| 11 | Electrical Systems1 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:**

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_