



BUSINESS AFFAIRS
 Physical Plant Division
 Operations Engineering Department

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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	<input type="checkbox"/>	12 Building Fire Alarm 1 2 3 4
2	Site Underground Storm Systems 2 3 4 6	<input type="checkbox"/>	13 Energy Management and Control 1
3	Site Underground Irrigation Systems 2 3 4 5 6	<input type="checkbox"/>	14 Roofing 1 2
4	Site Underground Potable Water Systems 2 3 4 5 6 7	<input type="checkbox"/>	15 Finishes and Flooring 1 2 3
5	Site Underground Chilled Water Systems 2 3 4 5	<input type="checkbox"/>	16 Door Hardware and Keys 1 2 3
6	Site Underground Steam Systems 2 3 4 5 6	<input type="checkbox"/>	17 Elevators 1 2 3 4 5 6 7 8 9
7	Building Potable Water Systems 1 2 3	<input type="checkbox"/>	18 Landscaping and Solid Waste Management 1 2 3 4 5 6
8	Site/Building Fire Systems 1 2 3	<input type="checkbox"/>	19 Building Services 1
9	Building Plumbing/Fixtures 1 2 3	<input type="checkbox"/>	20 Security Access Control 1 2
10	Building HVAC Systems 1 2 3 4 5 6 7	<input type="checkbox"/>	21 Utility Services Transfer 1 2
11	Electrical Systems 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	<input type="checkbox"/>	

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: ejdyke@ufl.edu, brieg@ufl.edu, coliver@ufl.edu, tball@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: _____