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**HECO-13.3b**

**CHECKLIST FOR**  **OCCUPANCY**

Project Code #

BUILDING:

FLOOR(S):       AREA: sq. ft.

SPACES (to be occupied):

MAX # OCCUPANTS:       Persons (for spaces indicated)

Check if completed. Provide comments/explanations to right of question as required.

Floor covering/finish complete?

Lighting operable?

Electrical circuits operable?

Electrical face plates/cover plates installed?

HVAC operable and properly functioning?

Exhaust systems operable and properly functioning?

Lab gases properly installed and operable?

Water system disinfected, potable, and operable?

Cold water available at all fixtures?

Hot water available at all lavatories and sinks?

Sprinkler system tested and properly functioning?

Fire alarm system tested and properly functioning?

Proper hardware functioning on all fire separation and egress doors?

Interior EXITWAYS clear and unobstructed?

Stairs conform to VUSBC and UFAS requirements?

Exterior EXITWAY clear and unobstructed?

Fire Marshal Inspection Report recommending occupancy?

I have inspected the portion of the building named above, noted the results, and state that this portion of the building is Substantially Complete and ready for

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

Print Name: