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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: