



Washington State
DEPARTMENT OF
ENTERPRISE SERVICES

DIVISION OF ENGINEERING AND ARCHITECTURAL SERVICES
SUBSTANTIAL COMPLETION CHECKLIST

Project Title: _____		Project Number: _____	
Agency: _____		Contractor: _____	
Facility: _____		Client Agency Rep: _____	
Architect/Engineer: _____		FPS Project Manager: _____	

✓	ACTION:	VERIFIED																																					
		BY	DATE																																				
	1. Close-Out requirements identified at Construction Close Out Meeting																																						
	2. All FAs, COPs, and Change Orders submitted																																						
	3. All systems functioning as designed																																						
	4. Building Commissioning substantially complete (installation verification, system start up, functional testing, etc.)																																						
	5. All utilities and meters connected, tested and operational																																						
	6. Contractor's LEED submittals and reports completed and uploaded to USGB																																						
	7. Contractor submits notice of completion with remaining incidental corrective work (punch list)																																						
	8. A/E* schedules an inspection with the Owner, E&AS PM, and Contractor to inspect work and remaining punch list items. The A/E adds to contractor's punch list, creates a single supplemental punch list, and provides to the contractor within 2 business days.																																						
	9. Contractor establishes punch list completion schedule																																						
	10. If Prior Occupancy is established, per General Conditions Part 6.08, the areas of prior occupancy are: _____ Prior Occupancy Date(s): _____																																						
	11. A/E* confirms receipt of approved: <table style="width:100%; margin-left: 20px;"> <tr> <td>a. Occupancy Permit</td><td><input type="checkbox"/></td> <td>j. Elevator Permit</td><td><input type="checkbox"/></td> </tr> <tr> <td>b. Fire Marshal</td><td><input type="checkbox"/></td> <td>k. Boiler Permit</td><td><input type="checkbox"/></td> </tr> <tr> <td>c. Electrical Inspection</td><td><input type="checkbox"/></td> <td>l. Dept of Health Permit</td><td><input type="checkbox"/></td> </tr> <tr> <td>d. O&M Manuals</td><td><input type="checkbox"/></td> <td>m. Dept of Ecology Permit</td><td><input type="checkbox"/></td> </tr> <tr> <td>e. Draft "As-Built" Drawings</td><td><input type="checkbox"/></td> <td>n. Staff Training</td><td><input type="checkbox"/></td> </tr> <tr> <td>f. Shop Drawings</td><td><input type="checkbox"/></td> <td>o. Keys and Key Schedule</td><td><input type="checkbox"/></td> </tr> <tr> <td>g. Test Reports</td><td><input type="checkbox"/></td> <td>p. Warranty Responsibility Contacts</td><td><input type="checkbox"/></td> </tr> <tr> <td>h. Spare Parts and Materials</td><td><input type="checkbox"/></td> <td>q. _____</td><td><input type="checkbox"/></td> </tr> <tr> <td>i. Certificates of Warranty</td><td><input type="checkbox"/></td> <td>r. _____</td><td><input type="checkbox"/></td> </tr> </table>	a. Occupancy Permit	<input type="checkbox"/>	j. Elevator Permit	<input type="checkbox"/>	b. Fire Marshal	<input type="checkbox"/>	k. Boiler Permit	<input type="checkbox"/>	c. Electrical Inspection	<input type="checkbox"/>	l. Dept of Health Permit	<input type="checkbox"/>	d. O&M Manuals	<input type="checkbox"/>	m. Dept of Ecology Permit	<input type="checkbox"/>	e. Draft "As-Built" Drawings	<input type="checkbox"/>	n. Staff Training	<input type="checkbox"/>	f. Shop Drawings	<input type="checkbox"/>	o. Keys and Key Schedule	<input type="checkbox"/>	g. Test Reports	<input type="checkbox"/>	p. Warranty Responsibility Contacts	<input type="checkbox"/>	h. Spare Parts and Materials	<input type="checkbox"/>	q. _____	<input type="checkbox"/>	i. Certificates of Warranty	<input type="checkbox"/>	r. _____	<input type="checkbox"/>		
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	12. Notice from the A/E that the work is substantially complete																																						
	13. The FPS PM and Owner determine the Substantial Completion date																																						
	14. Certificate of Substantial Completion issued and Warranty Period begins																																						

Notes: _____

* If no there is no A/E for the project, the E&AS PM will complete



DIVISION OF ENGINEERING & ARCHITECTURAL SERVICES
CERTIFICATE OF SUBSTANTIAL COMPLETION

PROJECT TITLE:
STATE PROJECT NUMBER:
CONTRACTOR:
A/E CONSULTANT:
OWNER/AGENCY:
DATE OF ISSUANCE:

DEFINITION OF SUBSTANTIAL COMPLETION

Part 6, paragraph 6.07, of the General Conditions of the Contract. "Substantial Completion is the stage in the progress of the Work (or portion thereof designated and approved by Owner) when the construction is sufficiently complete, in accordance with the Contract Documents, so the Owner can fully occupy the Work (or the designated portion thereof) for the use for which it is intended."

DESIGNATED PORTIONS OF THE PROJECT SHALL INCLUDE:

Work performed under this contract has been reviewed and to the best of our knowledge found to be substantially complete.

The Date of Substantial Completion for the work described above is hereby established as: _____

The Contractor will complete or correct the work on the list of items attached hereto within _____ calendar days.

RECOMMENDED BY:

 A/E CONSULTANT BY _____ Signature _____ DATE

RECOMMENDED BY:

 OWNER/AGENCY BY _____ Signature _____ DATE

APPROVED BY:

 FPS PROJECT MANAGER BY _____ Signature _____ DATE

ACKNOWLEDGED BY:

 CONTRACTOR BY _____ Signature _____ DATE

Items to be corrected: