**THIS FORM IS TO BE COMPLETED PRIOR TO FINAL INSPECTION**

Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Number: \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

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| **ITEM #** | **COMMISSIONING REPORT ELEMENTS** | **PAGE NUMBER IN COMMISSIONING REPORT DOCUMENT** |
|  | **EXECUTIVE SUMMARY** |  |
| 1 | Executive summary of process and results of commissioning program (include observations, conclusions, and any outstanding items) |  |
|  | **HISTORY OF ANY SYSTEM DEFICIENCIES AND HOW RESOLVED** |  |
| 6 | Outstanding deficiencies and plans for resolution |  |
| 7 | Plans for seasonal testing scheduled for a later date |  |
|  | **RESULTS** |  |
| 8 | System performance test results and evaluations |  |
|  | **SUMMARY OF TRAINING** |  |
| 9 | Summary of training process completed and scheduled |  |
|  | **ATTACH COMMISSIONING PROCESS DOCUMENTS** |  |
| 10 | Commissioning Plan |  |
| 11 | Owner’s Project Requirements (OPR) |  |
| 12 | Basis of Design (BOD) |  |
| 13 | Executed installation checklists |  |
| 14 | Executed Functional Performance Test (FPT) forms |  |
| 15 | Recommendations for end-of-warranty review activities |  |

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| **Owner & Commissioning Agent Acknowledgment**  The commissioning report includes the items listed above and is approved by the owner/owner representative and commissioning agent below.  1. *Owner/Owner Representative*  The commissioning report includes the items listed above and have been approved by the Owner or Owner Representative.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner Owner Representative  Company Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. *Commissioning Agent*  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name (if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |