

SECTION 00 65 19.23 – PRE-ACCEPTANCE CHECKLIST

PART 1 - GENERAL

- 1.1 RELATED DOCUMENTS (Not Applicable)
- 1.2 SUMMARY (Not Applicable)
- 1.3 DEFINITIONS (Not Applicable)
- 1.4 PRE-ACCEPTANCE CHECKLIST
 - A. State of Colorado form “Pre-Acceptance Checklist” (SBP-05).
 - B. A copy of the above noted form is attached to the end of this section.
- 1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 65 19.23



STATE OF COLORADO
OFFICE OF THE STATE ARCHITECT
STATE BUILDINGS PROGRAMS

PRE-ACCEPTANCE CHECKLIST*

Institution or Agency: _____ Final Punch List Date _____
Architect/Engineer: _____
Contractor: _____
Project No./Name: _____

After Contractor is satisfied that work is complete as per Notice of Substantial Completion Punch List, a date for final review is established. Architect/Engineer inspection is made with Contractor(s) and Principal Representative and State Buildings Programs (SBP) present. Forms are processed as required.

	DATE COMPLETED	A/E SIGNOFF	REMARKS
1. The Notice of Approval of Occupancy/Use has been fully executed.			
2. Schedule for corrections, deficiencies, and items to be supplied are established by Contractor.			
3. Final Change Orders are processed (work must be completed prior to Notice of Acceptance).			
4. Punch list work is completed and accepted			
5. Permanent keying, keys and keying instructions have been performed.			
6. Extra materials as per specifications are delivered to Principal Representative.			
7. As-built drawings have been submitted to Architect/Engineer.			
8. Guarantee/Warranty documentation requirements are met.			
9. Five Most Costly Goods form is completed by Contractor and received			
10. Removal of Contractor's temporary work including cleanup and debris removal.			
11. State personnel are instructed in system and equipment operations as required by contract.			
12. All Instructions, manuals, guides, and charts have been transmitted to Principal Representative.			

Architect/Engineer _____ Date _____

Contractor _____ Date _____

State Buildings Programs _____ Date _____
(or Authorized Delegate)

Principal Representative _____ Date _____
(Institution or Agency)