

# ARCHIVIST CHECKLIST

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Target Date of Substantial Completion \_\_\_\_\_

Target Date of Final Completion \_\_\_\_\_

	Materials	Electronic Copy	Hard Copy
<b>A. ADMIN DOCS</b>	<b>Space Update Form</b> <i>If applicable</i>		
	<b>Project Closeout Checklist</b>		
<b>B. CONSTRUCTION DWGS.</b>	<b>Record<sup>1</sup> drawings, backlines printed on Mylar – NEW BUILDINGS ONLY</b> 3-mil thickness Acceptable sizes: <b>24"x36" or 30"x42"</b>		
	<b>Record<sup>1</sup> drawings, backlines printed on paper</b>		
	<b>CAD files of Record<sup>1</sup> drawings on CD, DVD or Flash Drive</b> Must comply with UH CAD Standards <sup>2</sup> including: <ul style="list-style-type: none"> <li>• X-refs must be bound</li> <li>• naming conventions must be followed</li> <li>• polylines must be included with room information</li> </ul>		
	<b>All files used in the design or development of drawings on CD, DVD or Flash Drive</b> These files may include, but not be limited to: <ul style="list-style-type: none"> <li>• Unbound AutoCAD x-ref files</li> <li>• Files in original format, i.e. dwg, dwf, rvt, jpg, tiff, xls, dgn, doc, pdf, etc...</li> <li>• Survey data files, TIN, DTM, ASCII point data and field books</li> </ul>		
<b>C. CONSTRUCTION DOCS.</b>	<b>Paper Based Project Files</b> Pertinent documents not available on the network i.e. stamped or sealed documents, correspondences, etc...		
	<b>Specifications</b> As-built <sup>1</sup> Construction Delivered both electronically and in print		
	<b>Operation and Maintenance manuals</b>		
	<b>Guaranty/warranty materials</b>		
	<b>Submittals</b> Delivered both electronically and in print		
<b>D. SURVEYS and REPORTS</b>	<b>Backlines printed on paper</b>		
	<b>CAD files of survey</b>		
	<b>Geotechnical Reports</b>		
	<b>All other Project Reports</b>		
	<b>Environmental Studies</b> <i>If produced</i>		
	<b>Any other pertinent Studies or Reports</b>		

<sup>1</sup> The term "record" defines drawings that incorporate all changes made during construction. These drawings should accurately record the actual construction of the building, as opposed to the initial construction documents.

<sup>2</sup> The UH CAD standards are at <http://www.uh.edu/plantops/departments/fpc/cad-standards/index.php>.

<sup>3</sup> Gray areas N/A

<sup>4</sup> Submit form to Archivist

## ADMINISTRATIVE CLOSEOUT

Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Target Date of Substantial Completion \_\_\_\_\_  
Target Date of Final Completion \_\_\_\_\_

### THE FOLLOWING ACTIVITIES OCCUR DURING ADMINISTRATIVE CLOSEOUT

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The Project Manager provides the documents required by the "Project Document Closeout Requirements", ensures that all the closeout documents/O&M Manuals and record drawings, submittals and transfers them to the Archivist and notifies Facilities Management.<br>Complete Project Document Closeout Requirements Checklist. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The Project Manager completes checklist for "miscellaneous" Project Manager's files.<br>FPC Records Management Policy  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The Project Manager conducts a lessons learned session with the Contractor, Design Team, Facilities Management and Client/End Users.<br>Recommended prior to final completion  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Teams submits any modifications to the master plan, specifications or design guidelines to the planning group.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facilities Management completes asset management ID of the major equipment for preventative maintenance program.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Easement closeout with utility companies   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Engage the System Wide Art Acquisition Committee (SWAAC) for public art installation and verify funds have been allocated for procurement, installation and maintenance.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm A/E transmitted the following updated project information to the Office of Facilities Information Management prior to start of Commissioning.<br>Final building gross and assignable square footage.<br>Final educational and general square footage.<br>Final net assignable square footage.<br>Delivery date: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Finalize HUB Certification for Prime Contractor.<br>Recommended after completion of Contractor's cost audit.   |

## TRANSITION PLANNING AND EXECUTION

Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Target Date of Substantial Completion \_\_\_\_\_  
Target Date of Final Completion \_\_\_\_\_

### THE FOLLOWING ACTIVITIES OCCUR DURING THE TRANSITION PLANNING AND EXECUTION

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager has setup Transition Meeting with FM, End Users, IT, Public Safety, Building Coordinator and Contractor.<br>Date of meeting: _____<br>Notifications matrix<br>FM requirements checklist  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager ensures coordination of keying requirements between Lock Shop and Client/End Users.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager has notified locksmith of required cores and date needed. Project Manager submits Work Request Form.<br>Date of notification: _____<br>Key core installation Work Request Form submitted on: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager notifies Facilities Management, Risk Management, Client, Building Coordinator of Substantial Completion and projected opening date.<br>Date of notification: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager schedules last building turnover meeting<br>Recommended attendees – Facilities Management, Utility Infrastructure, Client/End Users, Public Safety Business Services, Building Coordinator and Information Technology<br>Date of meeting: _____<br>Recommended after Certificate of Occupancy is received. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager provides Transition Team updates on activities every two weeks until Substantial Completion is obtained.   |

## COMMISSIONING, INSPECTIONS & EQUIPMENT CERTIFICATION

Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Target Date of Substantial Completion: \_\_\_\_\_  
Target Date of Final Completion: \_\_\_\_\_

### COMMISSIONING ACTIVITIES

- | YES                      | NO                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PM and Contractor have walked the facility with the Fire Marshal to confirm NFPA 101 requirements and compliance have been met.<br>Date of meeting: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scheduled and passed UH FM Health Inspection, if required<br>Date of inspection: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Finalize any outstanding inspections with utility companies<br>Date of inspection: _____<br>One copy to be filed in the project folder  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule IT network start up and test connectivity  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contractor starts up all systems prior to the start of commissioning.<br>Date of start up: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Air Balance agent has conducted final inspection/signoff, A/E and Facilities Management included  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager notifies Facilities Management of scheduled inspections   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager confirms that the Commissioning Agent has verified all requirements of the Commissioning Plan have been completed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lab Equipment Certification by EHS after functional performance testing has been completed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Team walked the elevators and/or escalators with the State of Texas or University Elevator Inspector.<br>Date of inspection: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm any required corrections by Fire Marshal, Department of Public Safety or Utility Companies have been corrected.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager has ensured the Contractor has completed all electronic security pre-functional test requirements of all security systems and has transmitted one hard copy and one electronic copy of testing reports to UHPD and University IT department.<br>Preliminary as-builts have been transmitted to UHPD and University IT upon completion of pre-function test.<br>Date of delivery: _____<br>One copy to be filed in the project folder. |

## SUBSTANTIAL COMPLETION ACTIVITIES

Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Target Date of Substantial Completion \_\_\_\_\_  
Target Date of Final Completion \_\_\_\_\_

### THE FOLLOWING ACTIVITIES OCCUR PRIOR TO SUBSTANTIAL COMPLETION

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The Project Manager has ensured Contractor has completed all testing of all telecommunication systems and has transmitted one hard copy and one electronic copy of testing reports, manifest and as-builts to the University IT department prior to commissioning.<br>One copy to be filed in the project folder                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm that the Prime Contractor has conducted a "pre-punchlist".   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Team has reviewed the Electronic Security System testing and acceptance protocols with UHPD and University IT department.<br>Recommend prior to the start of any testing.<br>Date of meeting: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager ensures Project Team has reviewed the Fire Alarm and Fire Sprinkler testing and acceptance procedures with the Fire Marshal and FM Fire Alarm Shop.<br>Recommend prior to any start of any testing of either system with a follow-up prior to start of Commissioning<br>Date of meeting: _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager confirms that all the outstanding items on the deficiency tracking Log have been completed and verified.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Team has met with the Client/End User, FM Lock Shop and UHPD to confirm the process for transferring security of the facility from the Contractor to the Owner.<br>Recommend prior to commissioning.<br>Includes coordination with local Fire Department, if the facility includes a knox box.<br>Date of meeting: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Team conducted a courtesy walk with the Registered Accessibility Specialist to confirm compliance with TAS.<br>Recommend after completion of all interior walls.<br>Date of meeting: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager discussed the Substantial Completion checklist with the Contractor.<br>Special inspection requirements<br>Date of meeting: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TAS has been reviewed by the A/E during pre-final inspections, and a site inspection with a Registered Accessibility Specialist has been held with the Project Manager and A/E.<br>Recommend scheduling prior to Substantial Completion.<br>Date of meeting: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Draft copies of the O&M Manuals and As-Builts have been submitted by the Contractor to the A/E for review and comment.<br>Date of delivery: _____  |

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The Project Manager confirms all signage and way finding installed by the Prime Contractor has been installed and punch list items are complete.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager has notified Risk Management of Insurance start date, for equipment valued over \$5 million a separate notification is required at least 15 calendar days in advance of need.<br><a href="#">Equipment Insurance Reporting Form.</a>         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager has notified Risk Management of required Property Insurance start date for the new building. Notification to Risk Management is required at least 30 calendar days in advance of need.<br><a href="#">Property Insurance Reporting Form.</a> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The Project Manager initiates final construction cost audit.   |

**THE FOLLOWING ACTIVITIES ARE PREREQUISITE FOR SUBSTANTIAL COMPLETION**

**The following items must be completed in order to obtain Substantial Completion**

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PM confirms the life safety requirements of the Fire Marshal have been met and a CO has been issued. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Architect/Engineer conducts Final Punch list.  |

**THE FOLLOWING ACTIVITIES OCCUR AFTER SUBSTANTIAL COMPLETION**

- | YES                      | NO                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cylinder locks have been properly installed and tested.<br>Arrangements for installing of University cores have been confirmed.<br>Date of Installation: _____<br>Confirm that key biting charts have been delivered directly from the manufacturer to the FM Lock Shop.<br>Date of Delivered: _____<br>Verify all permanent keys have been delivered directly from the manufacturer to the FM Lock Shop.<br>Date of Delivered: _____<br>On any renovation project where the University's cylinders are to be removed and replaced with new cylinders, verify that the removed non-usable cylinders have been returned to the FM Lock Shop.<br>Date of Delivered: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager notifies Facilities Management of warranty completion dates one year from Substantial Completion.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager notifies Grounds of landscape maintenance commencement date.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Manager coordinates attic stock supply turnover from Contractor to Facilities Management. Recommend between Substantial and Final Completion.   |

# SIGNAGE & WAYFINDING INSTALLATION

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Target Date of Substantial Completion \_\_\_\_\_

Target Date of Final Completion \_\_\_\_\_

THE FOLLOWING ACTIVITIES ARE OCCUR AFTER SIGNAGE & WAYFINDING INSTALLATION

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Project Manager confirms all signage and way finding, not installed by Prime Contractor, has been installed and punch list items have been signed off by the Graphics Consultant. Work Order Form for additional signage.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Project Manager verifies the as built Graphics Package had been submitted to the Office of Facilities Information Management.

## BUILDING SYSTEMS TRAINING

Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Target Date of Substantial Completion \_\_\_\_\_  
Target Date of Final Completion \_\_\_\_\_

### THE FOLLOWING ACTIVITIES OCCUR PRIOR TO BUILDING SYSTEMS TRAINING

YES NO N/A  
☐ ☐ ☐

The Project Manager has sent Facilities Management a copy of the Contractor's training schedule, prior to training or Substantial Completion, for major systems.  
One copy to be filed in the project folder.

### THE FOLLOWING ACTIVITIES OCCUR DURING BUILDING SYSTEMS TRAINING

YES NO N/A  
☐ ☐ ☐

Equipment training and commission on all major equipment and building systems has been completed.  
Equipment training sign in sheet  
Training should be completed prior to turnover to FM for operation.

☐ ☐ ☐

Project Manager has reviewed warranty obligations with the Contractor and Facilities Management Representatives.  
Recommend prior to commissioning.  
Date of meeting: \_\_\_\_\_



# FINANCIAL CLOSEOUT

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Target Date of Substantial Completion \_\_\_\_\_

Target Date of Final Completion \_\_\_\_\_

THE FOLLOWING ACTIVITIES OCCUR DURING FINANCIAL CLOSEOUT

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Project Manager confirms final construction cost audit has been received, evaluated, issued to Contractor and cost savings, if any, have been reconciled. One copy to be filed in the project folder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review final retainage payment to Prime Contractor, verify with Archivist all documents have been received and obtain ED approval prior to final retainage release.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Manager requests from Business Services a reconciliation of all non prime Contractor construction costs, including furniture, utility charges, permit and inspection fees, and verify all Shop charges have been accounted for. Complete Project Completion Form to return any remaining funds. One copy to be filed in the project folder

# FINAL COMPLETION ACTIVITIES

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Target Date of Substantial Completion \_\_\_\_\_

Target Date of Final Completion \_\_\_\_\_

THE FOLLOWING ACTIVITIES OCCUR DURING FINAL COMPLETION

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Architect/Engineer and Project Inspector verify all punch list items have been corrected. PM shall verify AE has issued final completion certificate. Recommended at least one week prior to final Certificate of Occupancy One copy to be filed in the project folder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Manager has arranged with FM for final clean, after FF&E installation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Manager has obtained non-asbestos containing material letter from Architect/Engineer and Prime Contractor and issued a copy to EHS One copy to be filed in the project folder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final Commissioning report has been received and accepted by Project Manager and submitted to Utility Services.

## WARRANTY PERIOD

Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Target Date of Substantial Completion \_\_\_\_\_  
Target Date of Final Completion \_\_\_\_\_

### THE FOLLOWING ACTIVITIES OCCUR DURING WARRANTY PERIOD

YES NO N/A

☐☐☐

The Project Manager conducts 11 month warranty walkthrough with Prime Contractor, Facilities Management, Building Coordinator, Inspector and Architect/Engineer

Warranty Review form: \_\_\_\_\_

One copy to be filed in the project folder

☐☐☐

Project Manager compiles extended warranty information and sends to Facilities Maintenance representatives.

Submitted with closeout documents

Date Sent: \_\_\_\_\_

☐☐☐

Project Manager has issued final warrant completion letter to Contractor, Client, FM and Building Coordinator.

Post Occupancy Review form: \_\_\_\_\_

Date of delivery: \_\_\_\_\_

One copy to be filed in the project folder