**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

[ ]  [ ]  [ ]  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

[ ]  [ ]  [ ]  Project Manager has arranged with FM for final clean, after FF&E installation.

[ ]  [ ]  [ ]  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

 [ ]  [ ]  [ ]  Final Commissioning report has been received and accepted by Project Manager and submitted to Utility Services.