|  |  |
| --- | --- |
| **General Contractor:** | name Construction |
|  |   |
| **Project/Job:** | Name & street |

The purpose of the list is an Aid-To-Memory. It is NOT a comprehensive list. *Please advise the Author if you want an item added.*

|  |  |  |
| --- | --- | --- |
| **What is ‘missing’ or ‘bad’** | **place an** | **[ X ]** |
| **What you do ‘know/see/ok’** | **‘check’ it** | **[ ✓ ]** |
| **What you did not ‘see’** | **leave blank**  | **[ ]** |

## Punch List: HV / LV section

**Electrical:**

1. [ ] Verify that all electrical panels are labeled and have no open spaces
2. **[ ] What Cabinet/s and what positions are:**
	1. **Fuses for Dry-Valve Compressor: Cabinet [ ] Fuse# [ ]**

 **Advised maintenance: [ ]**

* 1. **Fire Alarm Control Panel? Cabinet [ ] Fuse# [ ]**

 **Advised maintenance: [ ]**

1. [ ] Verify the emergency lighting coverage throughout areas of egress and areas of assembly over 50
2. [ ] Verify generator operation within 10 seconds of power failure if required
3. [ ] Verify smoke detector placement *{NO detectors within 3 feet of any HVAC diffuser}*
4. [ ] Verify that magnetic hold open devices allow doors to close on alarm activation
5. [ ] Verify that magnetic locking or security devices fail open on alarm or loss of power
6. [ ] Verify that all exits provide egress to a public way
7. [ ] You should also have your approved plans onsite for review

**Fire Alarm Panel:**

1. [ ] Conduct a 24-hour battery test
	1. [ ] *{Power to the fire alarm panel MUST be disconnected 24 hours prior to this test unless otherwise indicated}*
	2. [ ] Test requires that batteries are able to carry the full current load of the alarm system for at least 5 minutes after being disconnected from power for 24 hours
	3. [ ] Test all horn/strobe units and pull stations
2. [ ] Test for open circuit and ground fault problems within the system
3. [ ] Verify that devices are labeled and that a map of devices is posted at the alarm panel
4. [ ] Verify that a monitoring company monitors the alarm system if required
5. [ ] Alarm room door labeled on the outside.
6. [ ] Verify that all exits provide egress to a public way. Exit light [ ]
7. [ ] Is the Alarm Panel & Annunciator clear of obstructions?
8. [ ] You should also have your approved plans onsite for review

**HVAC:**

1. [ ] Verify that systems over 2,000 CFM have air return duct detectors and shutdown on alarm activation
2. [ ] Verify operation of all fire and smoke dampers including access panels to these devices
3. [ ] Verify that all exits provide egress to a public way. Exit light [ ]

## Punch List: Hood Suppression section

1. [ ] Inspect and verify function of kitchen hood extinguishing systems
2. [ ] Verify fire extinguisher coverage including a type “K” extinguisher in commercial kitchens where required
3. [ ] Verify location and operation of exit signs
4. [ ] Verify that all hoods and extinguishers are Tagged [ ], Stickered & Labeled [ ]
5. [ ] Verify that all pull stations provide correct trip operation.
6. [ ] Verify pull station/s labeled.
7. [ ] Verify that all exits provide egress to a public way & Exit light [ ]
8. [ ] You should also have your approved plans onsite for review

## Punch List: Sprinkler section

**Fire Sprinklers System:**

1. [ ] No water to be discharged through the drain outlet to the exterior. Use BlueTube.
2. [ ] Inspector's Test:
	1. [ ] Evaluate the time delay for activation of the fire alarm system and verify the activation of the water motor gong or electric bell upon water flow
3. Riser Room:
	1. [ ] Riser is installed as per specs on MEP and FSS drawing set that this Architect has approved. [ ]
	2. *[ ] Zone-Check/System Sensor on both riser arms:*
		1. *Fitted in the Correct Position per MEP Specs and FSS Drawing Set [ ]*
		2. *Wired Correctly [ ]*
		3. *Operates water flow in the correct direction around the Flow Control Valve*
		4. *When it operates the Flow Control vane, arm is signaled to the Alarm Panel [ ]*
	3. [ ] Riser Door labeled per Code
	4. [ ] Dry valve trips according to code
	5. [ ] Compressor
		1. [ ] Fitted with Vibration-Proof Pads and anti vibration pipe work.
		2. [ ] If floor mounted,
			1. [ ] Drain and AMD on tank. Pads on feet.
			2. [ ] Accelerator and Air Trim device correctly set on Dry-Valve
		3. [ ] If Riser Mounted,
			1. Pads and mounting yolk in position
			2. [ ] NO Accelerator. **(If there is, then a Floor-Mounted Tank compressor is required)**
	6. [ ] Riser room heaters operational (& lighting, where applicable)
	7. [ ] Main Drain Test:
		1. [ ] Record the static and residual pressures available at the sprinkler riser.[ ]
	8. [ ] Test the tamper switches on the riser
		1. [ ] A simple diagram showing valve, drains test pipes and system instructions mounted on wall and protected. (Glass or Laminated). Or:
		2. A System Schematic mounted under glass or Perspex on the wall. [ ]
	9. [ ] Verify that the hydraulic calculation zone card/s are chained/attached to the system riser and that the main drain test values fall within the hydraulic calculations of the system
	10. [ ] Verify that the Main Drain and Inspector test valves are correctly labeled
	11. [ ] Verify that Head boxes with their spare heads AND head-wrench are attached to riser room wall
		1. How many heads in each box? [ ]
		2. Head wrench: how many? [ ]
		3. Head inventory chart [ ]
		4. Photo of record of head box content [ ] must show wrench and all heads

**Other Items**

1. [ ] Evaluate the sprinkler head coverage throughout building. Escutcheons [ ]
2. [ ] Provide documentation of the “Underground” test, the “Above ground” test and materials certificates
	1. Flush test [ ] Bacteria test [ ]
3. [ ] Stairwell heaters operational
4. [ ] Verify that the FDC Knox cap(s) are in place & locked. Or Plain caps are fitted. [ ]
5. [ ] Verify that all exits provide egress to a public way. Exit light [ ]
6. [ ] NFPA-25 booklet given to Owner
7. [ ] Complete Red-Line Drawing & return to FSS PM (Arun)
8. [ ] Photo of record of head box contents returned to FSS PM (Arun)
9. [ ] You should also have your approved plans onsite for review

## Punch List: Fire Extinguisher Cabinets and Portable Fire Extinguishers

On the THIS JOB we [did / did not] supply this equipment:

Verify that each extinguisher is

* Mounted or installed in the Cabinet correctly. (Facing out and cabinet locked.)
	+ Where are the keys? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Showing the correct pressure range. (Construction Workers might have shot it off)
* Correctly tagged, dated and signed.

**Notes: All** technician staff and Inspection staff must go over **all** these points. That means all sections. What you don’t have info on, leave blank.

e.g. A sprinkler tech can see an exit light on, tags on/off from extinguishers pull stations, smoke detectors are mounted, label missing on an alarm panel. Wire on floor.

e.g. An alarm tech can see head box and spare heads, FDC caps on, Riser Door Label; pull stations, tags on extinguishers, stickers on hoods. Calc card. Pipe parts on floor. Empty caulking tubes.

[ ] All trash from all Fire Suppression materials removed from sight.

[ ] Has the Fire Department Engine Crew visited for familiarization? [YES] [NO]

[ ] Is the training for the client maintenance crew completed? They must each sign the Training Sheet

[ ] Training Sheet is dated.

[ ] Pictures and camera work delivered to FSS PM (Arun)

[ ] Completed Red-Line Drawings return to FSS PM (Arun)

[ ] This Punch List completed and returned to FSS PM (Arun)

[ ] All rental equipment called off/removed from sight. (AWP’s, Forklifts etc.)

Print Technician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

If there is something missing from the above list; write it below.

## Comments/Notes:

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