

APPROVED:	Vice President	Assistant Vice President	Director
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- ◆ Initiate **Florida Fire Insurance Trust Fund Coverage Request Form (Attachment "C"** for reference).
- ◆ Review the Substantial Completion Package for completeness. Submit to the Director of Facilities Planning for final signature.

DIRECTOR

- ◆ Sign all five (5) **Certificates of Substantial Completion Forms** and **Florida Fire Insurance Trust Fund Coverage Request Form (Attachment "C")** and transmit to Administrative Office Coordinator.

ADMINISTRATIVE OFFICE COORDINATOR

- ◆ Transmit signed sets of Substantial Completion Package to FAU Office of the Controller, A/E, CM/GC, Physical Plant and project file.
- ◆ Transmit **Florida Fire Insurance Trust Fund Coverage Request Form (Attachment "C")** to the Director of OSUA.

DIRECTOR OF OSUA

- ◆ Transmit **Florida Fire Insurance Trust Fund Coverage Request Form (Attachment "C")** to the FAU Assistant Controller and coordinate the information on the form as required.

ACTION – FINAL COMPLETION

PROJECT MANAGER

- ◆ Ensure completion of all punch list items and schedule a final inspection.
- ◆ Assure receipt of Contract Record Set and deliver a copy to the Archive Supervisor.
- ◆ Coordinate scheduling of GC/CM to provide training for University personnel in areas of operation and maintenance of equipment and control systems.
- ◆ Obtain (3) sets of operating manuals and warranties from the CM/GC thru the A/E.
- ◆ Review manuals and warranties for completeness then transmit operating manuals and warranties as follows: one (1) complete set to Facilities Planning Archive Supervisor and (2) complete sets to the Physical Plant Director.
- ◆ Obtain (5) original copies of both the A/E and CM/GC **Certificate of Contract Completion Forms**. Review and initial **Final Completion Checklist (Attachment "B")** and attach to Construction Managers Final Pay Request and forward to the Associate Director.

ASSOCIATE DIRECTOR

- ◆ Initial all (5) original **Certificate of Contract Completion Forms** adjacent to signature line and forward to Facilities Planning Director.
- ◆ Review and initial **Final Completion Checklist (Attachment "B")** and process Construction Managers Final Pay Request.

DIRECTOR

- ◆ Sign all (5) A/E **Certificates of Contract Completion Forms** and forward to Facilities Administrative Office Coordinator.

ADMINISTRATIVE OFFICE COORDINATOR

- ◆ Transmit signed sets of **Certificate of Contract Completion Forms** to FAU Office of the Controller, A/E, CM/GC, Physical Plant and project file.

REFERENCE:

- ◆ FAU Project Manual – Section E, Article 9.8
- ◆ FAU Project Manual - pages 63,64,65
- ◆ FAU Professional Services Guide – Article 6.9 and 6.10
- ◆ FAU Professional Services Guide - Exhibit 5, pages 50-56
- ◆ NFPA

ATTACHMENTS:

- ◆ **Inter-Department Substantial Completion –Attachment "A"**
- ◆ **Final Completion Checklist – Attachment "B"**
- ◆ **Florida Fire Insurance Trust Fund Coverage Request Form – Attachment" "C**
- ◆ **FAU Environmental Health & Safety Asbestos Confirmation Form – A/E Statement – Attachment "D"**
- ◆ **FAU Environmental Health & Safety Asbestos Confirmation Form – CM Statement – Attachment "E"**
- ◆ **FAU Environmental Health & Safety Asbestos Confirmation Form-ADA Committee Statement- Attachment "F"**

FLORIDA ATLANTIC UNIVERSITY

INTER-DEPARTMENT SUBSTANTIAL COMPLETION

PROJECT TITLE: _____

PROJECT NO.: _____
DATE: _____

We concur with the Architect/Engineer's certification that the above referenced project is substantially complete and the Owner can occupy or utilize the work for its intended use.

INFORMATION RESOURCE
MANAGEMENT: _____

ENVIRONMENTAL HEALTH
& SAFETY: _____

PHYSICAL PLANT: _____

- ◆ Physical Plant from the date stipulated above, will be responsible for all building services and routine maintenance.
- ◆ Facilities Planning shall ensure that all substantial completion punch list items are completed and issue a Final Certificate of Completion. At contract completion, Physical Plant shall be responsible for enforcing all warranty items.

ATTACHMENT "A"

FLORIDA ATLANTIC UNIVERSITY

FINAL COMPLETION CHECKLIST

(To be submitted with Construction Managers **Request for Final Payment**; Project Manager to check-off and sign)

- FAU Project Manager conducted final inspection walk-through and
 - all punch list items completed
- A/E submitted 5 original signed **Certificate of Contract Completion Forms**
 - available on FP website as “Final Completion Form-AE”
- CM submitted 5 original signed **Certificate of Contract Completion Forms**
 - available on FP website as “Final Completion Form-CM”
- CM submitted 3 sets O&M manuals & warranties and arranged for training of FAU staff
 - FAU Project Manager sent one set of manuals and warranties to the Facilities Planning Archive Supervisor
 - FAU Project Manager sent the other two sets to Physical Plant director
- FAU Project Manager compiled **Certificate of Contract Completion Forms** into five neatly stapled packets, initialed each and forwarded to the Associate Director.
 - FAU Associate Director initials each packet and forwards to Director
 - Director signs all of the **Certificate of Contract Completion Forms**
- Administrative Office Coordinator received the five stapled packets and distributed to:
 - FAU Physical Plant
 - FAU Controller's Office
 - A/E
 - CM
 - Project file under “Closeout”
- Other Items;
 - Site storm drainage completion form submitted, HRS or DEP forms completed as required and placed in Project file.
- Final Payment Request Approved by A/E and received by Project Manager and submitted to Associate Director for disbursement after date of Final Completion. This form when completed, is attached to Final Payment Request.

Signed: _____
Project Manager Date

Verified: _____
Coordinator Date

ATTACHMENT “B”

**DEPARTMENT OF FINANCIAL SERVICES DIVISION OF RISK MANAGEMENT
COVERAGE REQUEST FORM**

AGENCY NAME:		CERTIFICATE NO. :	
MAILING ADDRESS:			ZIP CODE:
CITY		STATE:	
PROPERTY LOCATION BUILDING NAME:		YOUR BUILDING NO.:	
ADDRESS OR DIRECTIONS:			FLOOD ZONE CODE:
CITY:		COUNTY:	LOCATION ZIP CODE:
INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF STORIES IN BUILDING:	
RESPONDING FIRE DEPT.	<input type="checkbox"/> CITY	<input type="checkbox"/> COUNTY	<input type="checkbox"/> SELF
			<input type="checkbox"/> NONE
			<input type="checkbox"/> OTHER
OCCUPANCY	<input type="checkbox"/> OFFICE	<input type="checkbox"/> STORAGE <input type="checkbox"/> PENAL	<input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> RESIDENTIAL
			<input type="checkbox"/> RECREATIONAL <input type="checkbox"/> OTHER _____
EXTERIOR WALLS	<input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY-HOLLOW W/BRICK VENEER	<input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> FRAME W/MASONRY VENEER	<input type="checkbox"/> MASONRY-SOLID <input type="checkbox"/> MASONRY ON STEEL
			<input type="checkbox"/> ALL METAL <input type="checkbox"/> FRAME W/METAL COVERING <input type="checkbox"/> OTHER
ROOF SUPPORTS	<input type="checkbox"/> FRAME	<input type="checkbox"/> POURED CONCRETE	<input type="checkbox"/> PRECAST CONCRETE
			<input type="checkbox"/> OTHER _____
AMOUNTS OF INSURANCE	BUILDING: \$	CONTENTS: \$	TRAILER: \$
			RENTAL VALUE: \$
OWNERSHIP	Is this building owned by any Agency, Board or Bureau of the State of Florida? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give the following: _____ SQ. FT. CONSTRUCTION DATE: _____		
REQUESTED BY	SIGNATURE: _____ Telephone or Suncom #: _____ TITLE: _____ DATE: _____		
INSTRUCTIONS			
<u>TRUST FUND USE ONLY</u>			
BUILDING FIRE RATE: _____		CONTENTS FIRE RATE: _____	
EC RATE: _____	FIRE CREDIT SCH: _____	EC CREDIT SCH: _____	
EC ZONE: _____	TOWN CLASS: _____		
INSURANCE EFFECTIVE DATE: _____	(CHAPTER 284 AND 287, F.S.)		
APPROVED BY: _____			

DI4-850 (Revised 6/05)

ATTACHMENT "C"

FLORIDA ATLANTIC UNIVERSITY

ENVIRONMENTAL HEALTH AND SAFETY

Asbestos Confirmation Form

ARCHITECT STATEMENT

Architect Statement
(Ref. 40 CFR 763.99a (7))

I have reviewed the specifications for the below named project, and to the best of my knowledge, no Asbestos Containing Materials were used in the design or construction of this project.

Facility Name: _____

Facility Address: _____

Expected Occupancy Date:: _____

Firm Name: _____

Architect Name: _____

Architect Signature: _____

Signed & Sealed: _____

ATTACHMENT "D"

FLORIDA ATLANTIC UNIVERSITY

ENVIRONMENTAL HEALTH AND SAFETY

Asbestos Confirmation Form

CONTRACTOR STATEMENT

Contractor Statement
[Ref. 40 CFR 763.99a (7)]

I have reviewed the specifications for the below named project, and to the best of my knowledge, no Asbestos Containing Materials were used in the project construction.

Facility Name: _____

Facility Address: _____

Expected Occupancy Date: _____

Firm Name: _____

Contractor Name: _____

Contractor Signature: _____

Signed and Sealed: _____

ATTACHMENT "E"

FLORIDA ATLANTIC UNIVERSITY

Facilities Planning Department

ADA COMMITTEE STATEMENT

The ADA Committee has completed its substantial completion tour of the project and has found it in compliance with the ADA code.

BT Project / Facility Name: _____

BT Project Number: _____

ADA Chairman Signature: _____

Substantial Occupancy
Tour Date: _____

Comments: _____

Contractor Name: _____

Architect Name: _____

Project Manager Name: _____

ATTACHMENT "F"