



**Office of Statewide Health Planning and Development**

Facilities Development Division

**PROJECT CLOSURE CHECKLIST**

<b>Facility Name and Address:</b>	<b>Facility ID:</b>	<b>Project Number:</b>
	<b>Increment:</b>	
<b>Project Name:</b>	<b>Change Orders:</b>	<b>Deferred Submittals:</b>
	<b>Non-Material Changes:</b>	

**OSHPD DOCUMENTATION**

	Attached	eSP	N/A	Date:	Comments
Building Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notice of Start of Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments on Plans Cleared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CO - Construction Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DSE - Construction Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FLSO - Construction Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TIO Comments Cleared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ASI Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ACD log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**FINAL VERIFIED COMPLIANCE REPORTS**

	Attached	eSP	N/A	Date:	Comments
Architect of Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Structural Engineer of Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mechanical Engineer of Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical Engineer of Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Geotech Engineer of Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Inspector of Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Special Inspector/Test Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Owner/Builder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**MISCELLANEOUS REPORTS**

	Attached	eSP	N/A	Date:	Comments
Air/Water Balance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Gas Certification Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Water Purification Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Backflow Prevention Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Test Lab Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Radiation Physicist Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NFPA 72 Cert. of Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NFPA 13 Cert. of Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical Polarity Test Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Special Seismic Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**FINAL COSTS**

	Construction Costs	Fixed Equipment Cost	Imaging Equipment Costs	TOTAL
Notice of Start of Construction	\$	\$	\$	\$
Final Costs*	\$	\$	\$	\$

\* See Code Application Notice 1-7-133 for a detailed description of which costs must be included in Final Costs.

**NAME OF PREPARER:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_