

| Room # | <input type="checkbox"/> | | Comments |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|----------|
| N/A | <input checked="" type="checkbox"/> | Gas piping has proper insulating clamps installed (the copper pipe is NOT in direct contact with support) | |
| N/A | <input checked="" type="checkbox"/> | Water piping sealed with intumescent caulk & labeled or Acoustical sealant – verify wall rating. | |
| N/A | <input checked="" type="checkbox"/> | Cold water pipes have a continuous insulation / vapor barrier throughout horizontal & vertical (including bends) | |
| N/A | <input checked="" type="checkbox"/> | Water pipe and HVAC copper pipe properly insulated (continuous - NO tears or rips) & metal saddles installed. | |
| N/A | <input checked="" type="checkbox"/> | Water shut offs & clean outs accessible/tagged as spec'd. | |
| N/A | <input checked="" type="checkbox"/> | Roof drain insulation/vapor barrier continuous throughout horizontal & vertical, including bends(NO tears / rips) | |
| N/A | <input checked="" type="checkbox"/> | HVAC ductwork sealed w/intumescent caulk & labeled or Acoustical sealant (around insulation jacket)– verify wall rating. | |
| N/A | <input checked="" type="checkbox"/> | HVAC damper installed w/ proper sheet mtl angles (no fire caulked) per UL. Access to damper & access door? | |
| N/A | <input checked="" type="checkbox"/> | HVAC properly insulated (continuous - NO tears or rips). | |
| N/A | <input checked="" type="checkbox"/> | HVAC controls accessible & hooked up. (controls are able to be worked on?) | |
| N/A | <input checked="" type="checkbox"/> | No construction "Resting" on any other material. | |
| N/A | <input checked="" type="checkbox"/> | Verify seismic connections / supports. | |
| N/A | <input checked="" type="checkbox"/> | Verify pipe labeling & tagging requirements with specifications and review in field. | |

Additional Comments:

Sub-Contractor Sign-Off Sheet

Sub-Contractor	Due Date	Printed Name (Reviewer)	Initial when complete	Date Complete
Drywall				
Sprinkler				
Plumber				
HVAC				
Electrical				
Low Voltage				
Med Gas				
Fire Stopping				
Ceiling				
Fire Proofer				
Owner Rep				
PCC				

Sub-Contractor's PM shall be the reviewer, unless approved by PCC PM.

