|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **From:** | | **CT DAS - OSBI** | | | | | **Phone:** | **(860) 713-5900** |
|  | | **450 Columbus Blvd., Suite 1303** | | | | | **FAX:** | **(860) 713-7900** |
|  | | **Hartford, CT 06103** | | | | | **Website:** | [**www.ct.gov/dcs**](http://www.ct.gov/dcs) |
|  | | | | | | |  | |
| **Project Name:** | | | | **Project Name** | | | | |
| **Project Location:** | | | | **Project Location** | | | | |
| **DAS Project Number:** | | | | **DAS Project Number** | | | | |
|  | | | |  | | | | |
| **Date Completed:** | | | |  | | | | |
|  | | | | **All remaining inspection report items completed and all discrepancies resolved.** | | | | |
|  | | | | **All changes to approved construction documents reviewed & accepted including third party structural review.** | | | | |
|  | | | | **Final report of special inspections submitted and approved.** | | | | |
|  | | | **Office of the State Fire Marshal signoff in support of C of O, including but not limited to:** | | | | | |
|  | Fire suppression system | | | | |
|  | Fire pump | | | | |
|  | Alarm system | | | | |
|  | Emergency lighting | | | | |
|  | Exit signage | | | | |
|  | Kitchen exhaust hood system | | | | |
|  | Stairway pressurization | | | | |
|  | Other (specify): |  | | | |
|  | | **Certificate of Compliance (Form 7150) submitted by the A/E of Record and signed by:** | | | | | |
|  | The Contracting Agency (CGS 29-252a) | | | | |
|  | The GC, CMR or DB (CGS 29-276b) | | | | |
|  | The Architect of Record (CGS 29-276b/29-276c); and/or | | | | |
|  | The Engineer of Record (CGS 29-276b/29-276c) | | | | |
|  |  | | | | |
|  | | **HVAC balance reports.** | | | | | |
|  | | | | | |
|  | | **Testing and approval of all required emergency systems including but not limited to:** | | | | | |
|  | Emergency/standby power system | | | | |
|  | Fire dampers | | | | |
|  | Smoke control systems | | | | |
|  | Area of refuge communication system (where applicable) | | | | |
|  | Other (specify): |  | | | |
|  | | **Water potability test.** | | | | | |
|  | |  | | | | | |
|  | | **Backflow prevention acceptance by water supplier.** | | | | | |
|  | |  | | | | | |
|  | | **Elevator operating certificates from the State Elevator Inspector.** | | | | | |
|  | |  | | | | | |
|  | | **Boiler operating certificates from the State Boiler Inspector.** | | | | | |
|  | |  | | | | | |
|  | | | **Department of Health approval (where applicable) including but not limited to:** | | | | | |
|  | Kitchens/food service | | | | |
|  | Swimming pools | | | | |
|  | Health care | | | | |
|  | Other (specify): |  | | | |
|  | | | | **Department of Energy and Environmental Protection (DEEP) approval (where applicable) including but not limited to:** | | | | | |
|  | Smokestacks | | | | |
|  | Fuel storage tanks | | | | |
|  | Asbestos removal | | | | |
|  | Other (specify): | |  | | |

***END***