|  |  |  |  |  |  |  |  |  |  |
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| moseal | | STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION  **FINAL WARRANTY REPORT** | | | | | | | |
| PROJECT NUMBER | | | |
| **This Final Warranty Report applies to all Work under the Contract Documents or to the following parts thereof:** | | | | | | | | | | | | | |
| THIS WARRANTY REPORT TO BE COMPLETED BY THE DESIGNER AFTER COMPLETION OF SITE WARRANTY INSPECTION AS PER TERMS OF CONDITIONS, A/E AGREEMENT, ARTICLE 1.5.5. | | | | | | | | | | | | | |
| PROJECT TITLE | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | |
| **A/E DESIGN CONSULTANT** | | | | | | | | | | | | | |
| FIRM | | | | | | | | | | | | | |
| REPRESENTATIVE | | | | | | | | | | | | TELEPHONE     -   - | |
| ADDRESS | | | | | | | | | | | | FAX     -   - | |
| **CONTRACTOR** | | | | | | | | | | | | | |
| FIRM | | | | | | | | | | | | | |
| REPRESENTATIVE | | | | | | | | | | | | TELEPHONE     -   - | |
| ADDRESS | | | | | | | | | | | | FAX     -   - | |
| **WARRANTY SCOPE** | | | | | | | | | | | | | |
|  | ENTIRE PROJECT | |  | PROJECT PORTION (Describe the specific portion of the Contract covered under this Warranty Report.) | | | | | | | | | |
|  | | | | | | | | | | | | | |
| WARRANTY START DATE | | | | | | WARRANTY END DATE | | | WARRANTY INSPECTION DATE | | | | |
| **OUTSTANDING ITEMS** | | | | | | | | | | | | | |
| **The following list of items prepared by Design Consultant and/or verified by Construction Representative are found to be in need of corrective measures by the Contractor in accordance with the Contract Documents, Article 3 of the General Conditions.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **DESIGN CONSULTANT** | | | NAME OF INDIVIDUAL SIGNING (PLEASE PRINT) | | | | | RECOMMENDED/APPROVAL SIGNATURE | | | | | DATE |
| **CONSTRUCTION REPRESENTATIVE** | | | NAME OF INDIVIDUAL SIGNING (PLEASE PRINT) | | | | | RECOMMENDED/APPROVAL SIGNATURE | | | | | DATE |
| **DO NOT WRITE BELOW THIS SPACE (for electronic processing ONLY)** | | | | | | | | | | | | | |
| DATE ENTERED IN PROLOG BY PMU SOSA | | | | | INITIALS | | DATE STATUS CHANGED TO COMPLETE IN PROLOG | | | | INITIALS | | |

*Revised* 06/16 ORIGINAL: PMU SOSA for processing; FILE/Closeout Documents

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