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| moseal | STATE OF MISSOURIOFFICE OF ADMINISTRATIONDIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION**SUBSTANTIAL COMPLETION INSPECTION REQUEST** | PROJECT NUMBER |
| DATE      |
| PROJECT TITLE      |
| PROJECT LOCATION      |
| NAME      |
| REPRESENTING      |
| ADDRESS      |
|       |
| PHONE NUMBER   -   -     ext      | FAX NUMBER   -   -     |
| I certify that the Work on the project is Substantially Complete and; therefore, request that the Inspection of Completed Work be made on      , ten (10) working days prior notice required per General Conditions, Section 5.3. |
|  |
| [ ]  | All Manufacturer’s advertising labels have been removed from windows, fixtures, and equipment. |
| [ ]  | Cleaning, as specified in the Contract Documents, has been completed. |
| [ ]  | Rubbish, tools, scaffolding, etc. have been removed from site, except for outstanding items identified below. |
| [ ]  | Record Drawings are complete, | [ ]  | will be submitted at time of Inspection. |
| [ ]  | Operating Manuals are complete. |
| [ ]  | Warranties will be submitted at time of Inspection. |
| The following outstanding items remain to be completed: |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| 6. |       |
| 7. |       |
| 8. |       |
| 9. |       |
| 10. |       |
| (Attach additional sheet(s) as necessary.) |
| CONTRACTOR’S AUTHORIZED REPRESENTATIVE PRINTED NAME/SIGNATURE      |
| **DESIGNER’S REPLY** |
| The Substantial Completion Inspection  be conducted on       (date) as requested. |
|  |       |
|  |       |
|  |       |
| PRINTED NAME/SIGNATURE      | DATE      |

*Revised* 06/16 ORIGINAL: FILE/Closeout Documents

 COPIES: Designer, General Contractor, Agency, Facility, Construction Representative