BUILDING		REPO	EPORT NO.			CONTRACT NO.	INSPECTION			
INSPECTORS NAME (Print)						INSPECTOR'S SIGNATURE				
TIME	STARTED		COMPLETED			CONTRACTORIS	CONTRACTOR'S SIGNATURE			
REVIEWED BY		DATE				CONTRACTOR'S RECEIPT	TIME	DATE		
mechani by inspe SATISF	ical contrac ectors to rec ACTORY, UN	cts cord results. ' I-	The c	ondi Expa	tion alin u	of the area(s) and	eas and equipment d equipment will b out of service rati	e rated		
LOCATION (Mechanica		TYPE OF	CON	DITIO	OUT	REMARKS		INITIAL AND		
area,	NUMBER	EQUIPMENT	SAT.	UN- SAT.	OF SERV.			DATE		

MECHANICAL CONTRACT INSPECTION REPORT

LOCATION	EQUIP-	TYPE	CONDITION (INITIAL
(Mechanical area,	MENT NUMBER	OF EQUIPMENT	CAT	UN- SAT.	OUT OF SERV	REMARKS	AND DATE
		Egon WENT	SAT.	SAT.	SERV		<i>D7</i> (12

LOCATION (Mechanical area,	EQUIP- MENT NUMBER	TYPE OF EQUIPMENT	CON SAT.	UN- SAT.	ON 🗸 OUT OF SERV.) REMARKS

Necessary Corrective Action on Unsatisfactory Items

Yes No

- 1. Deduction Proposal
- 2. 1897 Generated
- 3. Contractor Notified
- 4. Cure Letter
- 5. Other (specify)

Remark

PART II. ENERGY CONSERVATION / BUILDING OPERATION

1. Building Temperatures:

Location	Temperature Reading	Date/Time	Is It within compliance?	Yes	No
1.	-				
2.					
3.					
4.					

Necessary Corrective Action on Unsatisfactory Action

Yes No

- 1. Deduction Proposal
- 2. 1897 Generated
- 3. Contractor Notified
- 4. Cure Letter
- 5. Other (specify)

Remark

4. Building Operation:

- 1. Note Start-Up and Shut-down times:
- 2. Any equiptment operating unnecessarily?

Necessary corrective Action on Unsatisfactory Action

Yes No

- 1. Deduction Proposal
- 2. 1897 Generated
- 3. Contractor Notified
- 4. Cure Letter
- 5. Other (specify)

Remark

PART III. WATER TREATMENT

Yes No

- 1. Test completed for the month?
- 2. Were the results in compliance with the contract specifications?
- 3. Were the recommendations from the previous month accomplished?
- 4. If applicable, has the independent test been performed?

Necessary corrective Action on Unsatisfactory Action

Yes No

- 1. Deduction Proposal
- 2. 1897 Generated
- 3. Contractor Notified
- 4. Cure Letter
- 5. Other (specify)

Remark

PART IV. SERVICE CALLS / REPAIRS

1. Total Number of 1897s generated for the	
2. Total inspected for compliance:	
3. <u>1897s not completed</u> 1897 #	Type of Repair
Necessary Action on Uncompleted 1897s 1. Deduction Proposal 2. 1897 Generated 3. Contractor Notified	Yes No
4. Cure Letter5. Other (specify)	
Remark	
PART V. UTILITY HOURS	<u>i</u>
Number of Authorized Utility Hours For This	
Actual Number Used	