



DIVISION OF CAPITAL PLANNING  
 OFFICE OF THE UNIVERSITY ARCHITECT  
 2121 EUCLID AVENUE  
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 (216) 687-5121 FAX (216) 687-9227

Project/Contract No: _____	Contractor: _____
Project Name: _____	Owner: _____

## RECORD OF FINAL INSPECTION OF THE CONTRACTOR'S WORK

For use by the Associate and/or Construction Manager according to Article 10 of the General Conditions.

Final Inspection Attendees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contractor's list of incomplete or deficient items associated with the work	Date to be Completed

Note of any deficiency in Contractor's Project Record Document Submittals: \_\_\_\_\_  
 \_\_\_\_\_

Note of any deficiency in Contractor's As Built Drawing Submittal: \_\_\_\_\_  
 \_\_\_\_\_

Note of any deficiency in Warranties required by the Contract Documents: \_\_\_\_\_  
 \_\_\_\_\_

Note of the quality of final cleaning performed by Contractor: \_\_\_\_\_  
 \_\_\_\_\_

Associate and/or Construction Manager notes: \_\_\_\_\_  
 \_\_\_\_\_

**Submitted by:**

Associate	Date	Construction Manager	Date
Owner	Date		