

CODE REVIEW CHECKLIST

SED Project Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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SED Control Number

District BEDS Code

Building Identification #

Project number

0

District Name

Building Name

Building Information:

Use and Occupancy Classifications: (check all that apply)

E B I-4 S-1 R-2 U
 A - M S-2 Other -

For Existing Buildings check all that apply:

NA Change of Occupancy Relocation Historic-K10 report required
 Repair* Renovation* Alteration* Reconstruction* Addition*

* Provide Key Plans demonstrating distinct work areas

list drawing numbers

Type of Construction: (check all that apply)

Existing bldg: I-A I-B II-A II-B III-A III-B IV V-A V-B
 New building(s): I-A I-B II-A II-B III-A III-B IV V-A V-B

Building Height and Area for New Buildings and Additions: (If additional space needed, provide on Code Compliance Drawings.) NA

Permitted: Height in feet: Number of stories: Square feet / floor*

Actual: Height in feet: Number of stories: Square feet / floor*

Provide calculations on a Code Compliance Drawing.

Special Features: (check all that apply)

Parapet Mezzanine Stage Catwalk Courtyard

For All Projects* Provide Code Compliance Drawings:

NA*

(*excludes site, roof, district-wide and energy performance projects)

list drawing numbers

Is a Sprinkler System provided?

No Yes, full Yes, partial Yes, in new construction only

Building Information:

Occupancy Classification Yes NA
 Construction Classification - Existing Yes NA
 Construction Classification - New Yes NA
 Key Plan with building sides accessible Yes NA
 Building Areas Yes NA

(Provide numbered Building Areas (existing and new), construction types, number of stories, number of sides accessible, allowable fire areas and actual fire areas with calculations. Show locations of fire walls and fire barriers.)

Egress Information:

Room Use Designations Yes NA
 Room Square Footages Yes NA
 Room Occupancy Loads Yes NA
 Room Exit & Corridor exit width Calculations Yes NA
 Exit Travel Distances incl. Common Path Yes NA
 Stair & Exit Door exit width Calculations Yes NA
 Accessibility for Exist and New Yes NA
 Corridor/Exit Enclosures Smoke only Fire rated

Accessory Assembly Areas: (If additional space needed, provide on Code Compliance Drawings.) NA

Code requirements:

Gymnasium: area in sq. ft.	<input type="text"/>	Occupant load	<input type="text"/>	Required E.W.	<input type="text"/>	Provided E.W.	<input type="text"/>
Auditorium: area in sq. ft.	<input type="text"/>	Occupant load	<input type="text"/>	Required E.W.	<input type="text"/>	Provided E.W.	<input type="text"/>
Cafeteria: area in sq. ft.	<input type="text"/>	Occupant load	<input type="text"/>	Required E.W.	<input type="text"/>	Provided E.W.	<input type="text"/>
Library: area in sq. ft.	<input type="text"/>	Occupant load	<input type="text"/>	Required E.W.	<input type="text"/>	Provided E.W.	<input type="text"/>
Other: area in sq. ft.	<input type="text"/>	Occupant load	<input type="text"/>	Required E.W.	<input type="text"/>	Provided E.W.	<input type="text"/>

SED (MPS) requirements: Reminder: Exit unit = 22", half units are permitted at 12" per half unit.

Gymnasium: area in sq. ft.	<input type="text"/>	/ 600 sq. ft.	added	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Gymnasium: bleacher sq. ft.	<input type="text"/>	/ 250 sq. ft.	equals				
Auditorium: area in sq. ft.	<input type="text"/>	/ 600 sq. ft.	equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Stage/Platform area in sq. ft.	<input type="text"/>	/ 1200 sq. ft.	equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Cafeteria: area in sq. ft.	<input type="text"/>	/ 600 sq. ft.	equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Natatorium: bleacher sq. ft.	<input type="text"/>	/ 250 sq. ft.	added	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
remaining area including the pool in sq. ft.	<input type="text"/>	/ 1500 sq. ft.	equals				

STRUCTURAL DESIGN CHECKLIST

SED Project Number

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1604.5 Prior to structural design, the District / BOCES has been consulted to determine if this facility is currently or will be considered for use as an emergency shelter facility? Yes **Will this building be used as an emergency Shelter?** Yes

The New York State Uniform Fire Prevention and Building Code Section 1603 requires, "The design loads and other information pertinent to the structural design required by Sections 1603.1.1 through 1603.1.8 shall be clearly indicated on the construction documents for parts of the building or structure."

Conventional light-frame construction: NA

Floor and roof live loads

list drawing numbers

Ground snow load

list drawing numbers

Basic wind speed (3-second gust), miles per hour and wind exposure

list drawing numbers

Seismic Design Category and Site Class

list drawing numbers

1603.1.1 Floor live load

list drawing numbers

1603.1.2 Roof live load Exceeds 10 pounds / sq. ft.

list drawing numbers

1603.1.3 Roof snow load

list drawing numbers

1603.1.4 Wind load

list drawing numbers

1603.1.5 Earthquake design data

list drawing numbers

1603.1.6 Flood load Not in flood hazard area per Section 1612.3

Flood certification provided per Section 1612.5

list drawing numbers

1603.1.7 Special loads Not applicable

applicable code sections

list drawing numbers

1603.1.8 System and components requiring special inspections for seismic resistance

Not applicable

list drawing numbers

Soils

1802.6 Soil classification & design load bearing capacity

list drawing numbers

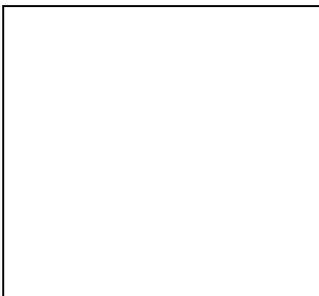
list specification numbers

Soil investigation report Available Not applicable

1621.2 and 1621.3 have been reviewed and coordinated with architect and engineers Yes

1704 Special Inspection requirements, where are they located in the documents?

list drawing or specification numbers



Print name: _____

Signature: _____

Date: _____ Telephone: _____

ENERGY CONSERVATION CODE CHECKLIST

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The 2002 Energy Conservation Code of New York State Section 104.2 states "Compliance with specific provisions of this code shall be determined through the use of computer software, worksheets, compliance manuals and other similar materials when they have met the intent of this code." (www.eren.doe.gov/buildings/tools_directory/software/comcheckez.htm)

Section 104.3 requires " Construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in sufficient detail pertinent data and features of the building and the equipment and the systems as herein governed, including, but not limited to, design criteria, exterior envelope component materials, U-factors of the envelope systems, U-factors of fenestration products, R-values of insulating materials, size and type of apparatus and equipment, equipment and systems controls and other pertinent data to indicate conformance with the requirements of this code and relevant laws, ordinances, rules and regulations."

Applicability: (check the definitions)

<input type="checkbox"/> New Building	<input type="checkbox"/> Substantial alterations	<input type="checkbox"/> Change in occupancy
<input type="checkbox"/> Additions	<input type="checkbox"/> Historic Building	

Exempt Building:

<input type="checkbox"/> Low Energy Usage Building	<input type="checkbox"/> Unconditioned Building
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Thermal Design Parameters:

Outdoor design temperature Degree days (heating / cooling)

<input type="checkbox"/> Per ASHRAE Handbook of Fundamentals
<input checked="" type="checkbox"/> Per ASHRAE Handbook of Fundamentals

Climate Zone:

<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 14A
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Glazing percentage:

<input type="checkbox"/> 10% or less	<input type="checkbox"/> between 10% and 25%	<input type="checkbox"/> between 25% and 40%	<input type="checkbox"/> between 40% and 50%
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Design Approach:

<input type="checkbox"/> Chapter 7 - Prescriptive	<input type="checkbox"/> Chapter 8 - Acceptable Practice	<input type="checkbox"/> DOE software used
<input type="checkbox"/> Chapter 7 - System		
<input type="checkbox"/> Chapter 7 - Energy Cost Budget		

802 Building Envelope Requirements:

<input type="checkbox"/> In compliance	<input type="checkbox"/> Worksheets available	<input type="checkbox"/> Not applicable
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U-factors of the envelope systems

<input type="text"/>	or	<input type="text"/>
list drawing numbers		list specification sections

U-factors of fenestration products

<input type="text"/>	or	<input type="text"/>
list drawing numbers		list specification sections

R-values of insulating materials

<input type="text"/>	or	<input type="text"/>
list drawing numbers		list specification sections

803 Building Mechanical Systems:

<input type="checkbox"/> 803.2 Applicable	<input type="checkbox"/> 803.3 Applicable	<input type="checkbox"/> Not applicable
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Design Load

<input type="text"/>
list drawing number

804 Service Water Heating:

<input type="checkbox"/> Applicable	<input type="checkbox"/> Not applicable
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805 Lighting and Power Systems:

<input type="checkbox"/> Applicable	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Entire building method	<input type="checkbox"/> Portion of building method

Interior lighting power

806 Design By Total Building Performance:

<input type="checkbox"/> Applicable	<input type="checkbox"/> Not applicable
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Provide a full detailed analysis of the entire building and all systems.

<input type="text"/>
list drawing number or specification section

FIRE & ELECTRIC CODE REVIEW CHECKLIST

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FIRE SERVICE

Access Roads . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Access Openings . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Stairway Identification . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Premises ID . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Hazards Firefighters . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Water Supplies . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Hydrants . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Command Center . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

BUILDING SYSTEMS

Emergency Power . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Electrical Eqpt, Wiring & Hazard: . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Mechanical Refrigeration . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Elevator Recall . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Battery Systems . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

FIRE PROTECTION SYSTEMS

Automatic Sprinkler System . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Alternative System . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Hood Fire Suppression . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Standpipe System . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Extinguishers . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Alarm . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Automatic Detection System . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Emergency Alarm System . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Smoke Control System . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Smoke & Heat Vent . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Municipal FA Station . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Explosion Control . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Dept. Connections . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Pumps . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
AH Units & Fans shutdown w/ FA . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

MEANS OF EGRESS

New Buildings		<input type="checkbox"/> NA	
Corridor Plenum . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Exit Enclosure Ventilation . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Exit Signs . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Egress Illumination . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Emergency Power . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Area of Refuge . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Boiler/Furnace/Refrig. Rms . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

Fire Code Section 1010

Renovations, alterations, reconstructions, additions, and changes of occupancy		<input type="checkbox"/> NA	
Exit Signs . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Egress Illumination . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Emergency power . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

Combustible Dust

Combustible Dust . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Safety During Construction . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Flammable Finishes . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Service Stn. & Repair Garage . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

GENERAL - FIRE

Acceptance Testing/Inspection . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Training . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Equipment Listed/Labeled . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Stopping . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Identification . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Equipment Location . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

ELECTRICAL

Telephone . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
NEC (NFPA 70) Electric Work . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Panel/Circuits Identified . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Artificial Light . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Explosion Proof Equipment . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Shop Emergency Shunts . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Dust Proof Shop Outlets . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Shielded Shop Light Fixtures . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Closed Elec. Htg. Elements & UL . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Underground Electric Service . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Elevator Code A17.1 . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Electric Operated Partition . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Plenum Cable . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
HID Self Extinguishing . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Other _____ . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

GENERAL - ELECTRIC

Acceptance Testing/Inspection . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Training . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Equipment Listed/Labeled . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Fire Stopping . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Equipment Location . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Access/Clearances . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Identification Lines/Mtl./Eqpt. . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Instruction Manual / Video . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Material/Eqpt Reuse . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>
Unsafe System Rehab/Rmvl. . .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	<input type="text"/>

MECHANICAL REVIEW CHECKLIST

SED Project Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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= LOCATION in Construction Documents

BOILER ROOM ← NA

Fuel: Oil Gas Electric Other

Other				
Low Water Cutoff	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Combustion Air	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Clearance	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Safety Burner Switch	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Chimney/Vent	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Standards	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Electronic Flame Safeguards	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Safety Valves & Controls	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
12NYCRR4 (Ind. Code Rule 4)	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Remote Burner Shutoff Valves	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Fuel Train Standards	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Scald Protection Domestic HW	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
ASME Vessel	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

MECHANICAL ← NA

Ventilation ← NA

Intake Openings & Protections	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Ventilation Rate	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Common System	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Balancing	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Uninhabited Spaces	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Exhaust ← NA

Independent Systems	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Toilet/Locker/Janitor Closets	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Hazardous Areas	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Laboratories	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Shops	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Kitchen Domestic	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Kitchen Commercial	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Kitchen Commercial Makeup	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Mechanical Equipment Rooms	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Elevator Equipment Rooms	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Other _____	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Subslab	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

GENERAL

Acceptance Testing/Inspection	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Training	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Equipment Listed/Labeled	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Fire Stopping	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Equipment Location	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Access/Clearances	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Controls	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Duct Systems ← NA

Plenum	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Filters	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Smoke Detection Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Fire Dampers	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Smoke Dampers	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Appliances ← NA

Cooling Towers	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Forced Air Furnace	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Engine/Turbine	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Refrigeration ← NA

ASHRAE 15	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Refrigerant type	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Machinery Room	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Piping	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Hydronic piping ← NA

Material	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Valves	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Installation requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Fuel Oil ← NA

Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Piping	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Storage	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Valves	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Solar Systems ← NA

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Sequence of Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Identification Lines/Mtl./Eqpt.	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Instruction Manual / Video	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Material/Eqpt Reuse	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Unsafe System Rehab/Rmvl.	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Condensate Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
No Direct Fired Heaters	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

PLUMBING & GAS REVIEW CHECKLIST

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PLUMBING

Rodent proofing	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Protection plumbing systems	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Structural Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Piping Support	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Floodproofing	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Fixtures/Faucets/Fittings		<input type="checkbox"/> NA	
Fixture Adequacy	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Accessible Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Emergency Shower/Eyewash	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Drinking Fountains	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Sink - Bubblers Separated	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Lavatories	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Showers	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Sinks	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Urinals	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Water Closets	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Water Saving Fixtures	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Water Heaters		<input type="checkbox"/> NA	
DHW Heater ASME Tank	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Location	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Safety Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Water Supply and Distribution		<input type="checkbox"/> NA	
Protect Water Quality	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Size/Material Piping	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
No Lead Solder	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Disinfection	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Sanitary Drainage		<input type="checkbox"/> NA	
Sanitary Discharge Permits	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Storm - Sanitary Separated	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Size/Material Piping	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Sumps/Ejectors	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Indirect/Special Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Vents		<input type="checkbox"/> NA	
Traps/Interceptors/Separators		<input type="checkbox"/> NA	
Storm Drainage		<input type="checkbox"/> NA	
Swimming Pool		<input type="checkbox"/> NA	

GENERAL - PLUMBING

Acceptance Testing/Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Training	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Equipment Listed/Labeled	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Fire Stopping	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Equipment Location	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Access/Clearances	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

GAS

Low pressure 1/2 psig or <	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
No gas lines in corridors	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Master Gas Valve for Outlets	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Pipe Size/Material	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Valves	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Enc. of Pressure Regulation Eq.	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
PSC Distribution Service	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Liq. Petroleum Gas NFPA 58	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Vent/Chimney	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Appliances Shown	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
GENERAL - GAS			
Acceptance Testing/Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Training	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Equipment Listed/Labeled	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Fire Stopping	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Equipment Location	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Access/Clearances	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Sequence of Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Identification Lines/Mtl./Eqpt.	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Instruction Manual / Video	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Material/Eqpt Reuse	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Unsafe System Rehab/Rmvl.	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Condensate Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
No Direct Fired Heaters	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	

Identification Lines/Mtl./Eqpt.	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Instruction Manual / Video	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Material/Eqpt Reuse	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Unsafe System Rehab/Rmvl.	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Condensate Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	