



# CODE REVIEW CHECKLIST

<b>SED Project Number</b>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	← SED Control Number
	District BEDS Code <span style="margin-left: 150px;">Building Identification #</span> <span style="margin-left: 50px;">Project number</span>	
	0	
	District Name	Building Name

**Building Information:**

**Use and Occupancy Classifications:** (check all that apply)

<input type="checkbox"/> E	<input type="checkbox"/> B	<input type="checkbox"/> I-4	<input type="checkbox"/> S-1	<input type="checkbox"/> R-2	<input type="checkbox"/> U
<input type="checkbox"/> A - <input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> S-2	<input type="checkbox"/> Other - <input type="text"/>		

**For Existing Buildings check all that apply:**

<input type="checkbox"/> NA	<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Relocation	<input type="checkbox"/> Historic-K10 report required	
<input type="checkbox"/> Repair*	<input type="checkbox"/> Renovation*	<input type="checkbox"/> Alteration*	<input type="checkbox"/> Reconstruction*	<input type="checkbox"/> Addition*

(\* check the definitions in Appendix K)

\* Provide Key Plans demonstrating distinct work areas

list drawing numbers

**Type of Construction:** (check all that apply)

Existing bldg:	<input type="checkbox"/> I-A	<input type="checkbox"/> I-B	<input type="checkbox"/> II-A	<input type="checkbox"/> II-B	<input type="checkbox"/> III-A	<input type="checkbox"/> III-B	<input type="checkbox"/> IV	<input type="checkbox"/> V-A	<input type="checkbox"/> V-B
New building(s):	<input type="checkbox"/> I-A	<input type="checkbox"/> I-B	<input type="checkbox"/> II-A	<input type="checkbox"/> II-B	<input type="checkbox"/> III-A	<input type="checkbox"/> III-B	<input type="checkbox"/> IV	<input type="checkbox"/> V-A	<input type="checkbox"/> V-B

**Building Height and Area:** (If additional space needed, provide on Code Compliance Drawings.)  NA

**Permitted:**

Height in feet:	<input type="text"/>	Number of stories:	<input type="text"/>	Square feet / floor*:	<input type="text"/>
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**Actual:**

Height in feet:	<input type="text"/>	Number of stories:	<input type="text"/>	Square feet / floor*:	<input type="text"/>
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\* If Actual exceeds Permitted, demonstrate on Code Compliance Drawings the area modifications permitted per Sections 506 and 507.7.

**Special Features:** (check all that apply)

<input type="checkbox"/> Parapet	<input type="checkbox"/> Mezzanine	<input type="checkbox"/> Stage	<input type="checkbox"/> Catwalk	<input type="checkbox"/> Courtyard
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**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?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes, full	<input type="checkbox"/> Yes, partial	<input type="checkbox"/> Yes, in new construction only
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<p><b>Building Information:</b></p> <p>Occupancy Classification <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Construction Classification - Existing <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Construction Classification - New <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Key Plan with building sides accessible <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Building Areas <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p style="font-size: x-small;">(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.)</p>	<p><b>Egress Information:</b></p> <p>Room Use Designations <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Room Square Footages <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Room Occupancy Loads <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Room Exit &amp; Corridor exit width Calculations <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Exit Travel Distances incl. Common Path <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Stair &amp; Exit Door exit width Calculations <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Accessibility for Exist and New <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Corridor/Exit Enclosures <input type="checkbox"/> Smoke only <input type="checkbox"/> Fire rated</p>
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**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.**

Gymnasium: area in sq. ft.	<input type="text"/>	/ 600 sq. ft	<input type="text"/>	added equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Gymnasium: bleacher sq. ft.	<input type="text"/>	/ 250 sq. ft	<input type="text"/>	equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Auditorium: area in sq. ft.	<input type="text"/>	/ 600 sq. ft	<input type="text"/>	equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Stage: area in sq. ft.	<input type="text"/>	/ 600 sq. ft	<input type="text"/>	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	<input type="text"/>	equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>
Natatorium: area in sq. ft.	<input type="text"/>	/ 600 sq. ft	<input type="text"/>	equals	Req'd exit units	<input type="text"/>	Provided exit units	<input type="text"/>







# ENERGY CONSERVATION CODE 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 Number

Project number

0

District Name

Building Name

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](http://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**  Per ASHRAE Handbook of Fundamentals

**Degree days (heating / cooling)**  Per ASHRAE Handbook of Fundamentals

**Climate Zone:**

<input type="checkbox"/> 10B	<input type="checkbox"/> 11B	<input type="checkbox"/> 12B	<input type="checkbox"/> 13A	<input type="checkbox"/> 14A
<input type="checkbox"/> 15	<input type="checkbox"/> 16			

**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:**  In compliance  Worksheets available  Not applicable

**U-factors of the envelope systems**  or   
list drawing numbers list specification sections

**U-factors of fenestration products**  or   
list drawing numbers list specification sections

**R-values of insulating materials**  or   
list drawing numbers list specification sections

**803 Building Mechanical Systems:**  803.2 Applicable  803.3 Applicable  Not applicable

**Design Load**   
list drawing number

**804 Service Water Heating:**  Applicable  Not applicable

**805 Lighting and Power Systems:**  Applicable  Not applicable

**Interior lighting power**  Entire building method  Portion of building method

**806 Design By Total Building Performance:**  Applicable  Not applicable

Provide a full detailed analysis of the entire building and all systems.   
list drawing number or specification section

# FIRE & ELECTRIC 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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Project number

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District Name

Building Name

NA = Not Applicable

= LOCATION in Construction Documents

## 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 & Hazards . . .	<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	<input type="text"/>
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	<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"/>

## Combustible Dust

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"/>
Condensate Disposal . . .	<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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SED Control Number

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NA = Not Applicable

= LOCATION in Construction Documents

### BOILER ROOM

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

#### Ventilation

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

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

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

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

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

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

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

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

SED Project Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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**PLUMBING**

- Rodent proofing . . .  Yes  NA
- Protection plumbing systems . . .  Yes  NA
- Structural Safety . . .  Yes  NA
- Piping Support . . .  Yes  NA
- Floodproofing . . .  Yes  NA

**Fixtures/Faucets/Fittings**

- Fixture Adequacy . . .  Yes  NA
- Accessible Facilities . . .  Yes  NA
- Emergency Shower/Eyewash . . .  Yes  NA
- Drinking Fountains . . .  Yes  NA
- Sink - bubbler Separated . . .  Yes  NA
- Lavatories . . .  Yes  NA
- Showers . . .  Yes  NA
- Sinks . . .  Yes  NA
- Urinals . . .  Yes  NA
- Water Closets . . .  Yes  NA
- Water Saving Fixtures . . .  Yes  NA

**Water Heaters**

- DHW Heater ASME Tank . . .  Yes  NA
- Location . . .  Yes  NA
- Controls . . .  Yes  NA
- Safety Devices . . .  Yes  NA
- Insulation . . .  Yes  NA

**Water Supply and Distribution**

- Protect Water Quality . . .  Yes  NA
- Size/Material Piping . . .  Yes  NA
- No Lead Solder . . .  Yes  NA
- Disinfection . . .  Yes  NA

**Sanitary Drainage**

- Sanitary Discharge Permits . . .  Yes  NA
- Storm - Sanitary Separated . . .  Yes  NA
- Size/Material Piping . . .  Yes  NA
- Sumps/Ejectors . . .  Yes  NA
- Indirect/Special Waste . . .  Yes  NA

**Vents**

- Traps/Interceptors/Separators . . .  Yes  NA

**Storm Drainage**

- Swimming Pool . . .  Yes  NA

**GENERAL - PLUMBING**

- Acceptance Testing/Inspection . . .  Yes  NA
- Training . . .  Yes  NA
- Equipment Listed/Labeled . . .  Yes  NA
- Fire Stopping . . .  Yes  NA
- Equipment Location . . .  Yes  NA
- Access/Clearances . . .  Yes  NA

**GAS**

- Low pressure 1/2 psig or < . . .  Yes  NA
- No gas lines in corridors . . .  Yes  NA
- Master Gas Valve for Outlets . . .  Yes  NA
- Pipe Size/Material . . .  Yes  NA
- Valves . . .  Yes  NA
- Enc. of Pressure Regulation Eq. . . .  Yes  NA
- PSC Distribution Service . . .  Yes  NA
- Liq. Petroleum Gas NFPA 58 . . .  Yes  NA
- Vent/Chimney . . .  Yes  NA
- Appliances Shown . . .  Yes  NA
- Other . . .  Yes  NA
- Other . . .  Yes  NA

**GENERAL - GAS**

- Acceptance Testing/Inspection . . .  Yes  NA
- Training . . .  Yes  NA
- Equipment Listed/Labeled . . .  Yes  NA
- Fire Stopping . . .  Yes  NA
- Equipment Location . . .  Yes  NA
- Access/Clearances . . .  Yes  NA
- Controls . . .  Yes  NA
- Sequence of Operations . . .  Yes  NA
- Identification Lines/Mtl./Eqpt. . . .  Yes  NA
- Instruction Manual / Video . . .  Yes  NA
- Material/Eqpt Reuse . . .  Yes  NA
- Unsafe System Rehab/Rmvl. . .  Yes  NA
- Condensate Disposal . . .  Yes  NA
- No Direct Fired Heaters . . .  Yes  NA

- Identification Lines/Mtl./Eqpt. . . .  Yes  NA
- Instruction Manual / Video . . .  Yes  NA
- Material/Eqpt Reuse . . .  Yes  NA
- Unsafe System Rehab/Rmvl. . .  Yes  NA
- Condensate Disposal . . .  Yes  NA