

CODE REVIEW CHECKLIST

SED Project Number

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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				

ENERGY CONSERVATION CODE CHECKLIST

SED Project Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District BEDS Code				Building Identification Number				Project number							

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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 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

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NA = Not Applicable

[Empty Box]

= LOCATION in Construction Documents

FIRE SERVICE

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

BUILDING SYSTEMS

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

FIRE PROTECTION SYSTEMS

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

MEANS OF EGRESS

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

Fire Code Section 1010

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

Combustible Dust

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

GENERAL - FIRE

				<input type="checkbox"/> Yes	<input type="checkbox"/> NA	[]
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	[]		
Identification	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	[]		
Equipment Location	. .	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	[]		

ELECTRICAL

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

GENERAL - ELECTRIC

				<input type="checkbox"/> Yes	<input type="checkbox"/> NA	[]
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	[]		
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	[]		

MECHANICAL 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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NA = Not Applicable

= LOCATION in Construction Documents

BOILER ROOM ← NA

Fuel: Oil Gas Electric 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

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

SED Project Number

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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 - Bubblers 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 Yes NA
- 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