



Instructions: Project Manager: At 97% completion, please fill out the project information, submittal requirements, consultant information and sheet 2 with the information about the specific as-builts that are being submitted to FIS. Sign and date under the review and approvals section on page 1 and email to FIS Representative.

PROJECT INFORMATION:

Project Number: _____

Date: _____

Project Name: _____

Bid Pack #: _____

Bid Pack Description: _____

Project Manager: _____

SUBMITTALS (check all that apply):

- None required
 submitted in Unifier
 FADE required
 other _____
 submitted in Plangrid
 No FADE

AS-BUILT DRAWINGS (see sheet 2 for specific details)

Consultant Information (Please list ALL Consultant Firms PDC had contracts/POs with for the project.)

- Outside A/E firm(s)
 IPF-PDC Designer

A/E Contact Person: _____ A/E Firm: _____

A/E Contact Person: _____ A/E Firm: _____

A/E Contact Person: _____ A/E Firm: _____

Review and Approvals (please use signature):

Project Manager _____ Date Reviewed _____

FIS As-Built Rep _____ Date Reviewed _____

FIS Submittals Rep _____ Date Reviewed _____

- Electronic transmittal returned to PM on (Date): _____
 Uploaded transmittal to Final Pay App
See Sheet 2...

AS-BUILT DRAWINGS

DRAWING TYPE	VENDOR	INCLUDED – SPECIFY SYSTEM		NOTES	FIS - In Meridian?
<u>Drawings from GC/CM</u>					
Marked-up Bid Set	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
<u>Additional Drawings from Contractors/Subcontractors (not part of marked-up bid set)</u>					
Site	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Snowmelt	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Structural Steel	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Food Service Equip	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Casework	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Plumbing/Piping	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
HVAC (sheet metal)	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Fire Suppression	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Controls	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
		<i>Electronic (VISIO) set received?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
	• Given to Central Control	Date: _____	Initials: _____	Notes: _____	
Fire Alarm	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
	• Given to Quality Assurance for review	Date: _____	Initials: _____		
AV System	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
Data/Comm	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	
	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNIFIER <input type="checkbox"/> PLANGRID	_____	

COMMENTS: