

Christina School District  
**Capital Projects**  
**Substantial Completion Checklist**

ITEM	C/W Date
<input type="checkbox"/> Certificate of Occupancy/Completion (circle one)	_____
<input type="checkbox"/> Phone system is operational	_____
<input type="checkbox"/> Intercom system is operational	_____
<input type="checkbox"/> Boilers are operational	_____
<input type="checkbox"/> HVAC Equipment is operational as designed	_____
<input type="checkbox"/> Building Automation Controls are operational as designed	_____
<input type="checkbox"/> Building Access Security is operational	_____
<input type="checkbox"/> Building Surveillance is operational	_____
<input type="checkbox"/> Building Clock System is operational	_____
<input type="checkbox"/> Chiller Training	_____
<input type="checkbox"/> Boiler Training	_____
<input type="checkbox"/> Controls Training	_____
<input type="checkbox"/> Major sitework completed	_____
<input type="checkbox"/> HVAC balancing completed	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____