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| **LACCD Occupancy and Safety Checklist** [ ]  **Full Occupancy** [ ]  **“Partial” Occupancy (if requested)** [ ]  **N/A – This form is not applicable to project** |
| **College:** |  | **Contract No.:** |        |
| **Project Name:** |        | **DSA No.:** |        |
| **Project No.:** |        | **Fusion No.:** |        |
|  |  |  |
| **Target Occupancy Date:** |       |  **If Partial Occupancy, identify area:** |       |
| *\*\*Note: Occupancy cannot take place prior to the District’s signature date on this form.\*\** |
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| **A. Access and Egress (IOR)** | **Y** | **N** | **NA** | **Comments** |
| 1. Are pathways to the building(s) adequately marked, unobstructed, and free of debris and tripping hazards? | [ ]  | [ ]  | [ ]  |       |
| 2. Are the areas to be occupied segregated from ongoing construction activity through the use of barricades, fencing or other means of protection? | [ ]  | [ ]  | [ ]  |       |
| 3. Are stairways, halls, and other exit pathways in all corridors clearly identified with proper signage? | [ ]  | [ ]  | [ ]  |       |
| 4. Are fire doors and associated panic hardware installed and functional? | [ ]  | [ ]  | [ ]  |       |
| 5. Are there at least 2 exit pathways for rooms with an occupant load > 50? | [ ]  | [ ]  | [ ]  |       |
| 6. Are designated parking areas for students and staff provided with clear, unobstructed pathways to buildings or other areas of the campus? | [ ]  | [ ]  | [ ]  |       |
| 7. Have the ADA deficiencies been resolved and signed off by the Project Inspector? | [ ]  | [ ]  | [ ]  |       |
| **B. Fire Alarm and Suppression Systems (IOR)** | **Y** | **N** | **NA** | **Comments** |
| 1. Has the local fire department been notified of the new building opening and been invited them to observe the fire alarm testing? | [ ]  | [ ]  | [ ]  |       |
| 2. Has the IOR issued a DSA Form-6 for the building(s) to be occupied indicating that the fire alarm and suppressions systems are compete and operational? | [ ]  | [ ]  | [ ]  |       |
| 3. Have fire extinguishers been installed throughout the building to be occupied? | [ ]  | [ ]  | [ ]  |       |
| 4. Has the IOR verified that all outstanding smoke barrier requirements have been completed? | [ ]  | [ ]  | [ ]  |       |
| **C. Building and Room Conditions (CPT)** | **Y** | **N** | **NA** | **Comments** |
| 1. Is adequate lighting provided in every room? | [ ]  | [ ]  | [ ]  |       |
| 2. Are electrical outlets and panels properly covered, and are other electrical components and wiring properly protected and functional? | [ ]  | [ ]  | [ ]  |       |
| 3. Are flooring materials, walls, and ceilings installed and properly finished? | [ ]  | [ ]  | [ ]  |       |
| 4. Have the HVAC duct leakage test results for passive smoke-controlled systems been reviewed and accepted by the designer? | [ ]  | [ ]  | [ ]  |       |
| 5. Are rooms properly ventilated and free of significant chemical odor? | [ ]  | [ ]  | [ ]  |       |
| 6. Potable water is fully chlorinated, has been tasted, and is available in all buildings? | [ ]  | [ ]  | [ ]  |       |
| 7. Is hot water available in food preparation areas, nursing stations, and showers? | [ ]  | [ ]  | [ ]  |       |
| 8. Are classrooms and other areas of the campus clean and free of construction debris and building materials? | [ ]  | [ ]  | [ ]  |       |
| 9. Are restrooms available in proper working condition and adequately stocked with toilet paper, soap and paper towels or hand dryers? | [ ]  | [ ]  | [ ]  |       |
| 10. Has the HVAC Test & Balance report been submitted by the contractor and reviewed by the IOR to ensure that the minimum ventilation rates have been met? | [ ]  | [ ]  | [ ]  |       |
| 11. Has the Dept of Health inspected and approved all facilities with food prep areas and vending operations? | [ ]  | [ ]  | [ ]  |       |
| 12. Child Development Centers (only) - Has Dept of Social Services inspected and approved the facility? | [ ]  | [ ]  | [ ]  |       |

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| **D. Occupational Safety/Maintenance Issues (Safety, Facilities Director)** |
| 1. Are all roof hatches and skylights properly protected by OSHA-Approved guard rails or enclosures? | [ ]  | [ ]  | [ ]  |       |
| 2. Are suitable anchorage attachment points provided for all maintenance equipment located within 6 feet of any parapet wall less than 42 inches? | [ ]  | [ ]  | [ ]  |       |
| 3. Have davits been properly installed on roofs of buildings three stories or higher? | [ ]  | [ ]  | [ ]  |       |
| 4. Have maintenance walking pads been properly installed around rooftop mechanical equipment? | [ ]  | [ ]  | [ ]  |       |
| 5. Have sewer lines been confirmed clear and operating? | [ ]  | [ ]  | [ ]  |       |
| **E. Emergency Preparedness (Facilities Director)** |
| 1. Has an emergency evacuation plan been prepared and posted?
 | [ ]  | [ ]  | [ ]  |       |
| 2. Has staff been informed of their roles and responsibilities during emergencies and aware of the evacuation plan? | [ ]  | [ ]  | [ ]  |       |
| **F. Commissioning (WBCx)** |
| 1. Has the Commissioning Construction Checklists been completed and approved? | [ ]  | [ ]  | [ ]  |       |
| 2. Have Buildings/Systems been commissioned, tested, and witnessed? | [ ]  | [ ]  | [ ]  |       |
| 3. Have issues log items from Cx been resolved? | [ ]  | [ ]  | [ ]  |       |
| 4. Has building been flushed out with outside air? | [ ]  | [ ]  | [ ]  |       |
| 5. Has indoor air quality plan been reviewed, executed and completed? | [ ]  | [ ]  | [ ]  |       |
| 6. Has Measurement & Verification been reviewed, executed and completed? | [ ]  | [ ]  | [ ]  |       |
| 7. Have O&M Manuals been submitted and approved? | [ ]  | [ ]  | [ ]  |       |
| 8. Have As-Builts drawings been submitted and approved? | [ ]  | [ ]  | [ ]  |       |
| 9. Has all required training been completed? | [ ]  | [ ]  | [ ]  |       |
| 10. Have all warranties been submitted and approved (for all major systems and Equipment)? | [ ]  | [ ]  | [ ]  |       |
| 11. Has attic stock been verified? | [ ]  | [ ]  | [ ]  |       |
| 12. Have keys been delivered to Facilities? | [ ]  | [ ]  | [ ]  |       |

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| **Print Name** |  | **Inspector of Record (Please sign)** |  | **Date** |
|       |  |  |  |       |
| **Print Name** |  | **College Project Director (Please sign)** |  | **Date** |
|       |  |  |  |       |
| **Print Name** |  | **College Facilities Director (Please sign)** |  | **Date** |
|       |  |  |  |       |
| **Print Name** |  | **WBCx (Please sign)** |  | **Date** |
|       |  |  |  |       |
| **Print Name** |  | **Regional Program Director (Please sign)** |  | **Date** |

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| **\*\*\*\* Approved for Occupancy\*\*\*\*** |
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| **LACCD Acting Chief Facilities Executive or Designee****(Please Sign)** |  | **Print Name** |  | **Date** |
| The purpose of this checklist is to identify essential safety requirements to be met prior to occupancy of any occupied spaces, buildings, or renovated facilities. The final authorization for occupancy or partial occupancy lies with the LACCD Chief Facilities Executive or his designee. |