Please fill out the accompanying 2-page “CONSTRUCTION COMPLETION CHECKLIST”, USING √ OR “N.A.” for every item. The completed checklist must be returned to our office before a final inspection by this Department is made of the project.

You may fax your completed checklist to:

Engineering Services Section
651-201-3702.

Thank you.
MINNESOTA DEPARTMENT OF HEALTH
ENGINEERING SERVICES SECTION
CONSTRUCTION COMPLETION CHECKLIST

PROJECT: ____________________________ DATE: ____________

FACILITY: ______________________________________________________________

PREPARED BY: ______________________ SIGNATURE: ______________________

Note: bolding denotes items requiring written documentation

1. a. Paving (including hard-surface paving from exits to public way) _____
   b. Landscaping (i.e. sodding/seeding) complete _____

2. All doors and door hardware installed _____

3. All millwork and hardware installed _____

4. Ceilings and wall finishes complete _____

5. All floor coverings installed _____

6. All handrails installed _____

7. All handicapped grab bars installed _____

8. All windows and screens installed _____

9. Interior finishes - flame spread rating information _____ _____

10. Exit, smoke and corridor doors and door hardware installed _____ _____

11. Fire alarm connected to local fire department _____ _____

12. All plumbing fixtures installed and operational
   a. lavatories _____
   b. water closets _____
   c. utility room lavatories/service sinks _____
   d. **piping and equipment disinfected** _____ _____

13. Ventilation system installed, tested, and operational
   a. supply ducts and diffusers _____
   b. return and exhaust ducts and diffusers _____
   c. air handling equipment _____
   d. filters _____
   e. balancing report _____
   f. **duct smoke detectors** _____ _____

14. Heating system installed, tested, and operational
   a. boilers(s) _____
   b. pumps _____
   c. distribution piping and baseboard units _____
   d. thermostats _____

15. Electrical system installed, tested, and operational
   a. light fixtures in all rooms, corridors, at bed _____
   b. **nurse call system** _____ _____
   c. elevators (controls, key box) _____
   d. telephones _____
   e. communication system _____
   f. **emergency electrical system** _____ _____
   g. exit lighting _____
   h. **emergency generator** _____
   i. smoke detection system _____ _____
j. fire alarm system

Page 2 of 2

15. Electrical system (continued) (installed) (documented)
   k. fire alarm signal to fire department
   l. Room smoke detectors interconnected, with corridor lights & local annunciation at the nurse station (MSFC)

16. Automatic sprinkler system installed, tested, and operational
   a. flow alarm
   b. valve supervision
   c. documentation of tests for a. and b.

17. Fixed and movable equipment/furnishings installed
   a. food service
   b. dishwasher
   c. range hood
   d. booster heater
   e. grease filters
   f. autoclave
   g. clothes washers and dryers
   h. washer/sanitizer
   i. room furniture
   j. privacy curtains
   k. automatic gas shutoff valve
   l. range hood fire extinguishment system
   m. fire extinguishers
   n. flammability info (window treatments)

18. All inspections and clearances complete (state and local)
   a. building official
   b. plumbing inspector
   c. electrical inspector
   d. elevator inspector
   e. state fire marshal

19. All tests and certification complete
   a. plumbing system (backflow preventers)
   b. ventilation balancing report
   c. radiation protection
   d. medical gas system (NFPA 99)
   e. bio-med electrical systems (NFPA 99) receptacles, grounding, critical care areas
   f. automatic sprinkler system (NFPA 13)
   g. smoke detection system
   h. fire alarm system
   i. smoke/fire dampers
   j. emergency generator
   k. emergency power and lighting system

20. Written documentation for all bolded items