



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

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CAPITAL PROJECT SUMMARY OF INSPECTION

Facilities Planning Project Control Number

Grid of boxes for District BEDS Code, Facility Code, Project No., Review Number, and Approval Date.

School District: [input box]

Project Name: [input box]

List the dates of each individual inspection below.

Retain this report on file as part of the official project record, and available for review by the Commissioner on request.

[checkbox] foundations -- dates: [input box]

[checkbox] structural elements -- dates: [input box]

[checkbox] electrical inspections -- dates: [input box]

[checkbox] heating, ventilation and air conditioning systems -- dates: [input box]

[checkbox] plumbing systems -- dates: [input box]

[checkbox] fire protection and detection systems -- dates: [input box]

[checkbox] exiting features -- dates: [input box]

[checkbox] other (describe) -- dates: [input box]

[checkbox] other (describe) -- dates: [input box]