**CONSTRUCTION CLOSEOUT MEETING AGENDA**

**State Project Number:**

**State Project Title:**

**Date of Meeting:**

**Attendees:**

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| *Owner Representative (DES)* | *Phone Number* | *Email* |
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| *Client Agency Representative* | *Phone Number* | *Email* |
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| *A/E* | *Phone Number* | *Email* |
|  |  |  |
| *Contractor* | *Phone Number* | *Email* |
|  |  |  |
| *Major Subcontractors* | *Phone Number* | *Email* |
|  |  |  |
| *Major Subcontractors*  | *Phone Number* | *Email* |
|  |  |  |
| *Major Subcontractors* | *Phone Number* | *Email* |
|  |  |  |
| *Client Agency Information Technology (IT)* | *Phone Number* | *Email* |
|  |  |  |
| *Attendee* | *Phone Number* | *Email* |
|  |  |  |
| *Attendee* | *Phone Number* | *Email* |
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| *Attendee* | *Phone Number* | *Email* |
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| *Attendee* | *Phone Number* | *Email* |
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| *Attendee* | *Phone Number* | *Email* |
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*Note: This agenda refers to the Project Documents Specifications 01 3000. Modify this checklist to incorporate project specific information – retain all sections, but mark sections not applicable to current project with “Not Applicable”*

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| **1. Review closeout submittal requirements and current status**.  |
| **2. Submit DRAFT Operations and Maintenance Manuals.**  |
| **3. Submit DRAFT Staff Training Plan.**  |
| **4. Submit DRAFT Warranties.**  |
| **5. Review Substantial Completion Checklist.**  |
| **6. Estimated date when the Contractor will provide written notice of substantial completion with list of incidental corrective (punch list) work remaining: \_\_\_\_\_\_\_\_\_.** |
| **7. List of all operational permits required by AHJ and data required for applications.**  |
| **8. Is the project scheduled to meet the contracted substantial completion date? \_\_\_\_\_\_\_\_**a. Substantial completion date per schedule: \_\_\_\_\_\_\_\_\_.b. Substantial completion date per contract: \_\_\_\_\_\_\_\_\_.c. When applicable, reconcile with a corrective action plan (§3.02D). Contractor to submit corrective action plan by (date): \_\_\_\_\_\_\_\_\_d. When applicable and the changes meet the requirements of Part 7 of the General Conditions, reconcile with change order(s). Contractor to submit COP by (date): \_\_\_\_\_\_\_\_e. When applicable, calculate the estimated liquidated damages amount (§3.07): $\_\_\_\_\_\_\_\_\_ |
| **9. Identify outstanding non-conforming work on the schedule of values. The owner will withhold payment until the non-conforming work is corrected in accordance with the General Conditions §6.05.****Status of non-conforming work:** a. Notice of Nonconformance #: \_\_\_\_\_b. Schedule of Values line #: \_\_\_\_\_\_\_\_c. Estimated correction date: \_\_\_\_\_\_\_\_ |
| **10. Review status of open COPs, FAs, and change orders.**  |
| **11. Review status of testing requirements.**  |
| **12. IT coordination.**  |
| **13. Client Agency responsibilities after substantial completion:** a. Operating building systems.b. Maintenance and repairs. c. Warranty notification procedures. d. Security and Contractor access.  |
| **14. Furnishing, Fixtures, and Equipment installation coordination.**  |
| **15. Occupant move-in schedule.**  |
| **16. Review Final Acceptance Checklist.**  |
| **17. Submitting affidavits to L&I.**  |
| **18. Apprenticeship utilization rate and potential incentive or penalty.**  |
| **19. Demobilization.**  |
| **20. Final Invoice.**  |
| **21. Ensure all payments are entered into the DES Diversity Compliance system:** |
| **22. Retainage will be paid upon completion of the lien period and after receiving releases from the Employment Security Department, the Department of Revenue, and the Department of Labor and Industries.**  |