Department of Seniors and Long-Term Care Appendix M: Post- Construction Checklists



PRO	JECT IDENTIFICATION		
Facili	ty Name:	Date:	
Subm	itter's Name:	Signature:	
STE	P 10: COMMISSIONING AND PRE-OCCUPANCY	STATUS	COMMENTS
1.1	Architect's Certificate of Substantial Performance		
1.2	Inspection Report of Elevators and/or lifts by Department of Labour		
1.3	Gas System Inspection Report by the Department of Labour		
1.4	Health Inspection Report by the Department of Environment		
1.5	Updated As-Built Energy Model Report		
1.6	Electrical Utility Final Inspection Report		
1.7	Installer's Certificate Confirming Systems are Complete and Fully Operational for:		
(i)	Fire Alarm and Sprinkler		
(ii)	CCTV		
(iii)	Nurse Call System		
(iv)	Emergency Electrical Power Supply System		
(v)	Voice and Data Wiring		
(vi)	Wireless Network System		
1.8	Submit Initial Issues Log/Deficiencies		
1.9	Preliminary Commissioning Report		
STE	P 11: LICENSING	STATUS	COMMENTS
2.1	Form 12: Certification of Field Review confirming general compliance with the design drawings and must be signed by:		
(i)	A Licensed Architect		
(ii)	A Mechanical Engineer		
(iii)	An Electrical Engineer		
2.2	Inspection Report of Office of the Fire Marshal Certifying all Building Fire Systems are Complete and Suitable for Occupancy		
2.3	Municipality Occupancy Permit		
2.4	Integrated Fire Protection and Life Safety Systems Testing Report – As per CAN/ULC – S1001		
2.5	Air and Water Balancing Report approved by the Mechanical Engineer		
2.6	Independent Lab Test of Potable Water Quality		
2.7	Owner's Confirmation Letter stating the following:		
(i)	Receipt of the Operation & Maintenance Manuals		
(ii)	Receipt of the As-Built Sequence of Operations		
(iii)	Completion of Operator Training and Staff Orientation		

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2.8	Independent Commissioning Authority Certification Letter stating that:		
(i)	HVAC systems comply with the temperature, humidity, and ventilation requirements for each space outlined in Table 1 of CSA Z317.2		
(ii)	The Emergency Power Supply Systems have been tested, witnessed, and confirmed operational as designed.		
(iii)	All systems are complete, fully tested, and operational		
(111)	as per the design specifications.		
, ,	as per the design specifications. P 12: POST-OCCUPANCY & WARRANTY	STATUS	COMMENTS
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STEI	P 12: POST-OCCUPANCY & WARRANTY	STATUS	COMMENTS
STEI 3.1	P 12: POST-OCCUPANCY & WARRANTY Conduct Seasonal Testing and Submit Report 10-month Review of Warranty Issues and System	STATUS	COMMENTS
3.1 3.2	P 12: POST-OCCUPANCY & WARRANTY Conduct Seasonal Testing and Submit Report 10-month Review of Warranty Issues and System Deficiencies	STATUS	COMMENTS
3.1 3.2 3.3	P 12: POST-OCCUPANCY & WARRANTY Conduct Seasonal Testing and Submit Report 10-month Review of Warranty Issues and System Deficiencies Owner's Confirmation of Receipt of Record Drawings Copy of Record Drawings Submitted to the	STATUS	COMMENTS

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