

LOCATION (Mechanical area,	EQUIP- MENT NUMBER	TYPE OF EQUIPMENT	CONDITION (✓)			REMARKS
			SAT.	UN- SAT.	OUT OF SERV.	

Necessary Corrective Action on Unsatisfactory Items

Yes No

1. Deduction Proposal
2. 1897 Generated
3. Contractor Notified
4. Cure Letter
5. Other (specify)

Remark

PART II. ENERGY CONSERVATION / BUILDING OPERATION

1. Building Temperatures:

Location	Temperature Reading	Date/Time	Is It within compliance?	Yes	No
1.					
2.					
3.					
4.					

Necessary Corrective Action on Unsatisfactory Action

Yes No

1. Deduction Proposal
2. 1897 Generated
3. Contractor Notified
4. Cure Letter
5. Other (specify)

Remark

4. Building Operation:

1. Note Start-Up and Shut-down times:
2. Any equipment operating unnecessarily?

Necessary corrective Action on Unsatisfactory Action

Yes No

1. Deduction Proposal
2. 1897 Generated
3. Contractor Notified
4. Cure Letter
5. Other (specify)

Remark

PART III. WATER TREATMENT

Yes No

1. Test completed for the month?
2. Were the results in compliance with the contract specifications?
3. Were the recommendations from the previous month accomplished?
4. If applicable, has the independent test been performed?

Necessary corrective Action on Unsatisfactory Action

Yes No

1. Deduction Proposal
2. 1897 Generated
3. Contractor Notified
4. Cure Letter
5. Other (specify)

Remark

PART IV. SERVICE CALLS / REPAIRS

1. Total Number of 1897s generated for the _____

2. Total inspected for compliance: _____

3. 1897s not completed Type of Repair

1897 #

1897 #	Type of Repair
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Necessary Action on Uncompleted 1897s

Yes No

- 1. Deduction Proposal
- 2. 1897 Generated
- 3. Contractor Notified
- 4. Cure Letter
- 5. Other (specify)

Remark

PART V. UTILITY HOURS

Number of Authorized Utility Hours For This _____

Actual Number Used _____