

# UNIVERSITY OF TOLEDO

# FACILITIES AND CONSTRUCTION

# Architect/Engineer Project Close-out Checklist

*To be submitted with final Professional Services Payment Request.*

## UT Project Name

## UT Project Number

## Architect/Engineer Name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ARCHITECT/ENGINEER** |  | **A/E** | | **PM** | **FIS** | |
| (2) hard copies ***and*** (1) PDF & (1) AutoCAD copy of Record Set Drawings, ***and*** (1) PDF copy of Project Specifications (Conformed Documents Version)  *See “****Project Closeout Requirements for the Facilities Archive Library”*** *for more detailed info.* |  |  | |  |  | |
|  |  |  | |  |  | |
| Performance Evaluation of Contractor(s) |  |  | |  |  | |
| *The “Firm Name” on this form is the company name of the Contractor you are evaluating. The “Evaluator Organization” (your firm name) is requested at the bottom of Page 1 of this two-page form.* | | | | | | | |
|  |  |  |  | | |  | | |

Architect/Engineer Signature Date

UT Project Manager Signature Date

UT FIS Signature Date