MPP New Construction Inspection Form – July 2012

TRC | **nyserda** Energy. Innovation. Solutions.

Project Name: Maxwell Building

Project Address: 10 Maxwell Drive Clifton Park, NY 12065

Program Version: ☐ Transition ☐ Version 1 ☒ Version 3 ☐ Version 4* ☐ Version 5*

Building Type: ☐ Gut-Rehab ☐ Low-Rise

Select Pathway*: ☐ Performance Path ☐ Prescriptive Path ☐ Modified Prescriptive Path (v5 only)

Inspection Type:

☐ Open-Wall			☒ As-Built		
Legacy	**Version 4**	**Version 5**	**Legacy**	**Version 4**	**Version 5**
☐ MPS Checklist	☐ MPS Checklist	☐ T&V Docs	☒ MPS Checklist	☐ MPS Checklist	☐ T&V Docs
☐ ERP Report	☐ Modeling	☐ Modeling	☒ ERP Report	☐ ERP Tables/Calculator	☐ ERP Tables/Calculator
☐ ERP Tables	Submittal	Submittal	☒ ERP Tables	☐ T&V Docs	☐ Photo Template
☐ Photo Template (Optional)			☒ SPTP Docs	☐ Photo Template	

Inspection Contacts	Company	Contact Name	Phone #	Email Address	TRC Use Only At Inspection
Partner	Building Smart	Sarah Ward	212-555-5555	sward@email.com	☐
Owner	123 Developers	Suzy Williams	845-555-5555	suzy@email.com	☐
Contractor	ABC Corp	John Grey	518-555-5555	jgrey@email.com	☐
On-site Personnel	123 Developers	Jack George	518-555-5555	jackg@email.com	☐
Additional Contact					☐
TRC Use Only					
Project Manager	NYSERDA	Cameron Bard	212-971-5342	chb@nyserda.org	☐
Case Manager	TRC	Pamela Gleeson	518-688-3148	pgleeson@trcsolutions.com	☐
Program Inspector	TRC	Jason Siegel	212-221-7822	jsiegel@trcsolutions.com	☐

For Partner Use:

For TRC Use:

I certify that as the MPP Partner for the above referenced building/project, all required inspections and testing have been performed in accordance with this projects version of the System Performance Testing Protocol or Testing & Verification Protocol.	**Approval Status:** ☐ APPROVED ☐ APPROVED with Additional Requirements ☐ NOT APPROVED with Action Items
Partner Rep Name: Sarah Ward	**Inspection Date:**
*Apt. #'s Inspected: 105, 107, 210, 305, 308, 401, 412, 501, 500	***Apt. #'s Inspected:**
*Common Areas Inspected: Laundry, stairwells, community room, all halls	***Common Areas Inspected:**
Signature: *Sarah Ward*	**Completed By:**
Date: 7/24/12	**Approved By:**
*Enter specific Apartment #'s and Common Areas Spaces inspected. **<Submit this document in Word (.doc) format>**	**Signature:**
	Date: