



**The Texas A&M University System
Prairie View A&M University
REPORT OF SUBSTANTIAL COMPLETION**

Project Name: _____

Location: _____

Contract No.: _____ Project No.: _____

Contractor: _____

Inspection Party Included: _____

1. Date of Substantial Completion: _____

2. Area or portion of Facility Accepted: _____

3. Date for University or College to assumed maintenance: _____

4. Utility Charge Adjustment/Termination: _____

5. Have Maintenance and Operation Manuals been received: _____

6. Contractor's Builders Risk Insurance can be terminated: _____

7. List of Exceptions to be completed: _____

Remarks: _____

Contractor

Date

Construction Coordinator

Date

Project Inspector

Date

Construction/Planning Manager

Date