DIVISION OF CONSTRUCTION SERVICES (DCS)
OFFICE OF SCHOOL FACILITIES (OSF)
PLAN COMPLETION TEST (PCT) SHEET

District _____ **Facility** _____

Project No. _____ **Phase** ____ **of** ____ **Test #** ____ **Date** _____

Reviewer _____ **Reno Req.** ____ **Appl. Date** _____ **Auth. Date** _____

Area Waiver _____ **Sp.Stds.S.F.** _____ **H.P.E.** _____ **Sp.Stds %** _____

Site $ _____ **Max. S.F.** _____ **Bldg. Area on Code Plans** _____

STATUS INFORMATION

	Yes	No
Designated Accessible Facility		
Entire Facility Sprinklered		
Site Approval (New school, Increasing Acreage, Purchase Fac., etc.)		
Review as Renovation Status Project and/or All Codes, All Floors		

ADMINISTRATIVE

	Complete	Incomplete
ED042 w/ Original Signatures and Date of Documents		
Space Standards Letter (if exceeded)		
Duplicate Final List of Bid Alternates, Allowances & Unit Prices		
Cost Est. (Cover Ltr., Plans Date, Inelig., Alt's., Allows, Elect. Version)		
Ineligible Costs Worksheet (for entire project w/Alternates & Allowances)		
S/S Misc. Letters: AOR, Stone Dust, Courtyard Occupancy/Load		
S/S Misc. Letters: Toilet Room Availability, Non-conforming Floors/Ramp		

CONTRACT DOCUMENTS

	Complete	Incomplete
Detailed Project Scope Letter (which codes/floors or limited scope)		
B.I.M. - Conflicts Resolved – Design Professional Statement		
Duplicate Overall Site Plan and Code Reference Sheet(s)		
Plans Bound, Project No., Signed/Sealed, Key Plans w/References		
1/8" Scale Plans or Larger (except overalls)		
All Spaces Labeled on All Sheets (including demolition)		
Graphics/Legibility, Detail References		
Preliminary Drawings - All Other Phases		
Project Manuals 3-Ring Bound, 2½" Max. ea. w/T.O.C., Signed/Sealed		

STATISTICAL CODE SAMPLING

	Complete	Incomplete
All Required Checklists		
Sheet Numbers & Specification Pages		
All Required Forms/Ltrs. (Seismic, IAQ, Acoustics, Roof Plan)		
Other Agency Approvals (Flood, LCCA, Water, Septic, Traffic, PCB'S)		
Approved Modifications		
Code & Submission Requirements		

4. SUMMARY-INCOMPLETE ITEMS: (The items below were spot-checked).
DESIGN PROFESSIONAL PLEASE CHECK ALL SIMILAR ITEMS BEFORE RETURNING FOR NEXT PCT.

DATE REJECTED	
DATE NOT ACCEPTED (Revisions required, call reviewer for appointment)	
DATE OF NEXT PCT	
DATE ACCEPTED	
TARGET DATE FOR REVIEW COMPLETION	
ARCHITECTURAL DESIGN REVIEWER ASSIGNED TO PLAN REVIEW	

PCT Data Ent.			**A/E Firm**		
Stand. Ltr.			**30 Day Opt.**		
review-sched.doc			review-sched+30days.doc		