



NWMSU
Internal Project Completion Checklist

Project/CER #:	Project Name:	Date Started:	Date Completed:	Project Point of Contact:
				Project Manager:
PURPOSE:				

Shops Assigned: (require Sign off when project complete)

- | | |
|---|--|
| <input type="checkbox"/> User/Department | <input type="checkbox"/> Materials Distribution Center |
| <input type="checkbox"/> Sustainability Coordinator | <input type="checkbox"/> Landscape Manager |
| <input type="checkbox"/> Assoc Director of Custodial | <input type="checkbox"/> Sign Shop |
| <input type="checkbox"/> Maintenance Zone Supervisor | <input type="checkbox"/> Health and Safety Manager |
| <input type="checkbox"/> Assoc Director of Maintenance | <input type="checkbox"/> Energy Manager |
| <input type="checkbox"/> Transportation/Power Plant Manager | <input type="checkbox"/> Capital Projects/Energy Coordinator |
| <input type="checkbox"/> Capital Program Manager | <input type="checkbox"/> Purchasing Buyer |
| <input type="checkbox"/> Director, Facilities Services | <input type="checkbox"/> VP, Finance (If over budget) |

Scope of Work – To include detail of project, time line to complete, deadlines by user, and funding source (Capital or user funded)

Attach copy or original scope signed by the stakeholder and CPM

Schedule

- ☐ Have you completed all project activities and tasks?
 - ☐ If not, have you rationalized and documented the remaining project activities and tasks?
- ☐ Are all deliverables complete and approved?
 - ☐ If not, have you rationalized and documented the remaining project deliverables?

Comments

Budget

- ☐ Have all costs been appropriately charged to the project?
- ☐ Have all contracts been closed as appropriate?
- ☐ Is Project within budget? If not, need VP Finance approval for cost over runs.

Comments

Sustainability

- ☐ Energy Impact ☐ Yes – (see comments below) ☐ Not Applicable
- ☐ Waste Management—Landfill: _____ lbs; Cost \$ _____
- ☐ Diversion--Reuse _____ lbs; Recycle _____ lbs

Comments

Communication

- ☐ Minutes of meetings distributed to all stakeholders
- ☐ Have all outstanding project issues been addressed?
 - ☐ If not, has responsibility for these issues been assigned?

Comments



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Quality

- ☐ Did the quality of the project meet all expectations and requirements of the specifications?
- ☐ Are there any changes in specifications that need to be made for future projects that are similar?
- ☐ Did the contractor provide quality workmanship? If not, list issues below or attach punch list.

Comments

Final Documentation

- ☐ Have all final documents been received? (Warranties, Drawings, As-builts, Manuals) Purchasing also has these on their checklist before final payment.
- ☐ Has the project punch list been completed and signed by all departments?
- ☐ Has the post completion review been scheduled with the customer?
 - ☐ Review initial scope, expectations to project completion.
 - ☐ Review budget and discuss overages/shortages and resolution
 - ☐ Ensure all budget documents closed out.
- ☐ Have AUTOCAD documents been completed and are the originals on file with the CPM Office?
 - ☐ Yes
 - ☐ Not Applicable

Project Complete Signatures

Shops Assigned:

- | | |
|---|-------------|
| <input type="checkbox"/> User/Department _____ | Date: _____ |
| <input type="checkbox"/> Materials Distribution Center _____ | Date: _____ |
| <input type="checkbox"/> Assoc Director of Custodial _____ | Date: _____ |
| <input type="checkbox"/> Sustainability Coord _____ | Date: _____ |
| <input type="checkbox"/> Landscape Manager _____ | Date: _____ |
| <input type="checkbox"/> Sign Shop _____ | Date: _____ |
| <input type="checkbox"/> Maint Zone Supervisor _____ | Date: _____ |
| <input type="checkbox"/> Health and Safety Mgr _____ | Date: _____ |
| <input type="checkbox"/> Assoc Dir of Maintenance _____ | Date: _____ |
| <input type="checkbox"/> Energy Manager _____ | Date: _____ |
| <input type="checkbox"/> Transportation/Power Plant Manager _____ | Date: _____ |
| <input type="checkbox"/> Capital Projects/Energy Coord _____ | Date: _____ |
| <input type="checkbox"/> Capital Program Manager _____ | Date: _____ |
| <input type="checkbox"/> Purchasing Buyer _____ | Date: _____ |
| <input type="checkbox"/> Director, Facilities Services _____ | Date: _____ |
| <input type="checkbox"/> VP, Finance (If over budget) _____ | Date: _____ |

Copy filed in project folder, Facility Services, Capital Program Office