



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

BUILDING AND SAFETY DIVISION

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (626) 458-3173
<http://dpw.lacounty.gov/bsd>

FORM 5.410 – VERIFICATION

This form is required for newly constructed buildings 10,000 square feet and more. This form shall demonstrate the commissioning measures identified below have been completed by the Owner. This form must be completed and provided to the inspector prior to permit final.

PROJECT INFORMATION

OWNER: _____ COMMISSIONING AGENT: _____
ADDRESS: _____ CITY: _____ ZIP: _____

STATEMENTS OF COMPLIANCE

In accordance with Title 31 Section 5.410.2.4, Owner certifies receipt of functional performance testing reports demonstrating the correct installation and operation of each component, system, and system-to-system interface in accordance with the approved plans and specifications.

In accordance with Title 31 Section 5.410.2.5, Owner certifies Systems Operation Training for appropriate maintenance staff has been completed and receipt of a Systems Manual that documenting the operational aspects of the building and includes the following:

- | | |
|---|---|
| <input type="checkbox"/> Site information | <input type="checkbox"/> Site equipment inventory and maintenance notes |
| <input type="checkbox"/> Site contact information | <input type="checkbox"/> Copy of all verifications |
| <input type="checkbox"/> Basic operations and maintenance | <input type="checkbox"/> Other pertinent resources and documentation |
| <input type="checkbox"/> Major systems | |

In accordance with Title 31 Section 5.410.2.6, Owner certifies receipt of a Commissioning Report documenting the commissioning process activities undertaken through the design and construction phases of the building.

Owner hereby states that the above required measures have been completed to the extent described in the County of Los Angeles Green Building Standards Code Title 31.

OWNER: _____
(Signature) (DATE)

REFERENCE

PLAN CHECK NO: _____ DISTRICT OFFICE: _____