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| Z:\Capital Forms & Templates\NW Logo triple stacked.jpg | NORTHWEST MISSOURI STATE UNIVERSITYCAPITAL PROGRAMS**FINAL WARRANTY REPORT** |
| PROJECT NUMBER |
| **This Final Warranty Report applies to all Work under the Contract Documents or to the following parts thereof:** |
| THIS WARRANTY REPORT TO BE COMPLETED BY THE DESIGNER AFTER COMPLETION OF SITE WARRANTY INSPECTION. |
| PROJECT TITLE      |
| LOCATION      |
| **A/E DESIGN CONSULTANT** |
| FIRM      |
| REPRESENTATIVE      | TELEPHONE   -   -     |
| ADDRESS      |  |
| **CONTRACTOR** |
| FIRM      |
| REPRESENTATIVE      | TELEPHONE   -   -     |
| ADDRESS      |  |
| **WARRANTY SCOPE** |
| [ ]  | ENTIRE PROJECT | [ ]  | PROJECT PORTION (Describe the specific portion of the Contract covered under this Warranty Report.) |
|       |
| WARRANTY START DATE      | WARRANTY END DATE      | WARRANTY INSPECTION DATE |
| **OUTSTANDING ITEMS** |
| **The following list of items prepared by Design Consultant and/or verified by Northwest Project Manager are found to be in need of corrective measures by the Contractor in accordance with the Contract Documents, Article 3 of the General Conditions.** |
|       |
| **DESIGN CONSULTANT** | NAME OF INDIVIDUAL SIGNING (PLEASE PRINT)      | RECOMMENDED/APPROVAL SIGNATURE | DATE      |
| **NORTHWEST PROJECT MANAGER** | NAME OF INDIVIDUAL SIGNING (PLEASE PRINT)      | RECOMMENDED/APPROVAL SIGNATURE | DATE      |

*Revised* 06/01/2020 FILE: Gen #7/FS Admin For Processing Adapted from State of Missouri OA FMDC

 COPIES: Designer, Contractor, Stakeholder, Project Manager