|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Z:\Capital Forms & Templates\NW Logo triple stacked.jpg | | NORTHWEST MISSOURI STATE UNIVERSITY  CAPITAL 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