

UNC CHARLOTTE

**DESIGNER'S SUPPLEMENTAL INFORMATION TO BE IMMEDIATELY AFTER SUBMITTAL COVER SHEET**

**Instructions:** Provide information listed below regarding commissioning projects by your firm and the role of personnel on those projects who will be assigned to this project. One person may be assigned to more than one responsibility. In addition to this form, design firms are encouraged to submit resumes for all personnel who will work on the project. This information is important to the University and should accompany submittals. This form should be attached to your cover letter or located in the front of your submittal. **Do not alter the format of this form.**

**PRINCIPLE IN CHARGE (CxA)**

Name \_\_\_\_\_ Office Location (City) \_\_\_\_\_ NC License # \_\_\_\_\_

List of most recent projects on which this person has participated:  
Provide resume.

**Commissioning Project Experience Listing**

**KEY:** Design Review: Reviewed design and provided comment during design stage  
 Cx Plan: Wrote the commissioning plan  
 Specifications: Wrote commissioning specifications for construction team  
 Funct. T. Plans: Wrote functional test procedures  
 Witnessed FT: Witnessed and documented functional tests  
 Hands-On Tests: Performed functional tests (hands-on)

Data/Trendlogs: Used data-loggers or EMS trend logs for testing  
 Training: Developed or approved staff training  
 Review O&Ms: Reviewed completed O&M manuals  
 CA in Firm: Commissioning agent was part of firm  
 Supervised CA: Supervised commissioning agent subconsultant to firm  
 Worked w/ CA: Worked with a commissioning agent hired by others

PROJECT DESCRIPTION	Commissioning Tasks Performed										Management			Name & Role of Person(s) Assigned to Project by Firm (Identify any subconsultants)	Systems Commissioned (Identify if tested by subconsultants)				
	(Enter "X" if by own firm, "S" if by Subconsultant)																		
	Design Review	Cx Plan	Specifications	Funct. T. Plans	Witnessed FT	Hands-On Tests	Data/Trendlogs	Training	Review O&Ms	Other	CxA in Firm	Supervised CxA	Worked w/ CxA			Other			
Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			
Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			

PROJECT DESCRIPTION	Commissioning Tasks Performed											Management		Name & Role of Person(s) Assigned to Project by Firm (Identify any subconsultants)	Systems Commissioned (Identify if tested by subconsultants)				
	(Enter "X" if by own firm, "S" if by Subconsultant)																		
	Design Review	Cx Plan	Specifications	Funct. T. Plans	Witnessed FT	Hands-On Tests	Data/Trendlogs	Training	Review O&Ms	Other	CxA in Firm	Supervised CxA	Worked w/ CxA			Other			

Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PROJECT DESCRIPTION	Commissioning Tasks Performed											Management		Name & Role of Person(s) Assigned to Project by Firm (Identify any subconsultants)	Systems Commissioned (Identify if tested by subconsultants)				
	(Enter "X" if by own firm, "S" if by Subconsultant)																		
	Design Review	Cx Plan	Specifications	Funct. T. Plans	Witnessed FT	Hands-On Tests	Data/Trendlogs	Training	Review O&Ms	Other	CxA in Firm	Supervised CxA	Worked w/ CxA			Other			
Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			
Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			
Project Name: City & State: Date Completed:                      Building Size: Building Type: Green Building Certification:                      Owner Contact: Title & Phone:																			