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 <u>most recent projects</u> on which this person has participated: Provide resume.

Commissioning Project Experience Listing

KEY: Design Review: C.X Plan: Reviewed design and provided comment during design stage Wrote the commissioning plan Specifications: Wrote the commissioning specifications for construction team Funct. T. Plans: Wrote functional test procedures Withessed Art Wrote functional tests Hands-On Tests: Performed functional tests (hands-on)								Data/Trendlogs: Training: Review Q&Ms: CA in Firm: Supervised CA: Worked w/ CA:	Used data-loggers or EMS trend logs for testing Developed or approved staff training Reviewed completed O&M manuals Commissioning agent was part of firm Supervised commissioning agent subconsultant to firm Worked with a commissioning agent hired by others					
PROJECT D	ESCRIPTION			(Enter	Funct. T. Plans X. Buiuoi Witnessed FT 3.	Tests Mo Ko	/n firm sbolpua.	ı, "S"	Subcor	nsulta	T		Name & Role of Person(s) Assigned to Project by Firm (Identify any subconsultants)	Systems Commissioned (Identify if tested by subconsultants)
Project Name: City & State: Date Completed: Building Type: Green Building Certification: Contact: Title & Phone:	Building Size:	wner												
Project Name: City & State: Date Completed: Building Type: Green Building Certification: Contact: Title & Phone:	Building Size:	wner												

	Commissioning Tasks Performed (Enter "X" if by own firm, "S" if by S	Management		
PROJECT DESCRIPTION	Design Review CX Plan Specifications Funct, T, Plans Witnessed FT Hands-On Tests Training Review O&MS Review OMS	h Firm vised CxA ed w/ CxA	Name & Role of Person(s) Assigned to Project by Firm (Identify any subconsultants)	Systems Commissioned (Identify if tested by subconsultants)
Project Name: City & State: Date Completed: Building Size: Building Type: Green Building Certification: Owner Contact: Title & Phone:				
Γ				
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:				

	Commissioning Tasks Performed	Management		
PROJECT DESCRIPTION	(Euter. _X , it pho own tiruw., _R , it pho own the own	CxA in Firm Supervised CxA Worked w/ CxA Other	Name & Role of Person(s) Assigned to Project by Firm (Identify any subconsultants)	Systems Commissioned (Identify if tested by subconsultants)
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:				