

MACERICH - PUNCH LIST

Name of Mall: _____	Inspection Date: _____
Tenant Name: _____	Construction Completion Date: _____
Space Number: _____	Store Opening Date: _____
Date Sent to TC: _____	
Inspection Completed By: _____	

**Please select "N/A" if the item is not applicable to this project. All "no" answers should be accompanied by a comment to further clarify what is needed.*

Section A: STOREFRONT(S)

1	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Is the final clean up of the storefront complete? (e.g. glass cleaned, metal panels/tile cleaned, there is no excess caulk or residue, etc.)	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
2	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Is the quality of storefront installation acceptable? (all hardware is properly installed, approved storefront materials are installed correctly, height and design matches approved storefront drawings, etc.)	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
3	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Does the storefront terminate with the neutral piers/bulkhead in the expected/approved manner in the plans?	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
4	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Is the mall bulkhead, neutral piers and floor tile clean, painted and repaired?	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
5	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Is there an acceptable transition strip at change in floor material (i.e. tile at entry to carpet in sales)	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
6	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Is all signage installed properly? Inclusive of storefront, blade, side/rear elevation signage and suite number/address	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
7	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Is the exit vestibule complete? (Door painted/labeled, corridor repaired and cleaned)	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
8	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Are mall common areas/roofs clear of all contractor debris and trash, and left in proper condition?	GC Complete?	<input type="checkbox"/>
		Comments: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

Section B: INTERIOR

1 Yes No N/A Is the interior sales area finished per plan? Wall finishes, flooring, lighting, layout as expected and acceptable? GC Complete?

Comments:

2 Yes No N/A Are sales areas lighting and sound systems installed and working properly? Is the volume set at an appropriate level in accordance to mall rules and regulations? GC Complete?

Comments:

Section C: ROOF

1 Yes No N/A Was all roof work performed by Mall Required Roofer? Has the roof been left in a clean condition? GC Complete?

Comments:

2 Yes No N/A Have all abandoned/replaced roof equipment and penetrations been removed or addressed? GC Complete?

Comments:

3 Yes No N/A Has any and all rooftop equipment been labeled with the the Tenant's name and suite number? GC Complete?

Comments:

Section D: MECHANICAL/ELECTRICAL/PLUMBING

1 Yes No N/A Was an Air Balance performed on this project? See Item 3, Section F for document collection. GC Complete?

Comments:

2 Yes No N/A Was an electric water heater installed with a 2" drain pan with overflow and relief valves piped to floor drain? GC Complete?

Comments:

3 Yes No N/A Were floor drains installed in all toilet rooms/wet areas? As well as a waterproof membrane in all wet areas? GC Complete?

Comments:

4 Yes No N/A Has all life/safety systems been installed and are operational with no errors or troubles existing? GC Complete?

Comments:

5 Yes No N/A Has a single disconnect switch been installed in space for all electrical services and labeled as such? GC Complete?

Comments:

6	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Has a gas shutoff been installed? (if applicable)	GC Complete? <input type="checkbox"/>
	Comments:		
7	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was an electrical sub-meter installed per the Mall's specifications? Meter must be labeled.	GC Complete? <input type="checkbox"/>
	Comments:		
8	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was a water meter and/or sub-meter installed in a location per mall representative?	GC Complete? <input type="checkbox"/>
	Comments:		
9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was a water shut-off valve installed and labeled as such, at eye-level in restroom or janitor's closet?	GC Complete? <input type="checkbox"/>
	Comments:		
10	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all exposed wiring and conduit concealed from public view and/or painted for concealment?	GC Complete? <input type="checkbox"/>
	Comments:		
11	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are the HVAC condensate lines draining to the correct location?	GC Complete? <input type="checkbox"/>
	Comments:		
12	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have all drain lines been jetted?	GC Complete? <input type="checkbox"/>
	Comments:		

Section E: FOOD TENANTS

1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was the grease exhaust installed properly? If cooking exhaust ducts are being reused, have they been professionally cleaned to remove grease buildup and prevent fires?	GC Complete? <input type="checkbox"/>
	Comments:		
2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were all floor drains inspected and confirmed to be flowing freely and properly?	GC Complete? <input type="checkbox"/>
	Comments:		
3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Has the gas manifold been labeled with Tenant's name and suite number? (if applicable)	GC Complete? <input type="checkbox"/>
	Comments:		

Section F: DOCUMENTS TO BE COLLECTED/MISCELLANEOUS

1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are there any fees or invoices due for mall-issued fines or violations during construction build out? Are there any fees outstanding that were not collected at Contractor Check-In? (If yes, attach any outstanding invoices/notices).	GC Complete? <input type="checkbox"/>
	Comments:		

Yes No N/A
 2 Are As-Built drawings required of this project? Please indicate in comments if they are needed to be collected. GC Complete?

Comments:

Yes No N/A
 3 Does an Air Balance Report need to be collected for closeout of this project? GC Complete?

Comments:

Yes No N/A
 4 Will there be a Certificate of Occupancy and/or Final Inspection Sign-off for this project? Please indicate in comments if they are needed to be collected for closeout of this project. GC Complete?

Comments:

Yes No N/A
 5 Has all GC rented material been removed from the Property? (e.g. trash on the roof/common areas, dumpsters removed, toilets removed, lifts/machinery/generators removed, gang boxes/sea containers removed, etc.) GC Complete?

Comments:

Yes No N/A
 6 Has a storefront picture been collected and sent to TC? (Mall Operations Manager responsibility) GC Complete?

Comments:

Yes No N/A
 6 Has the Unit Utilities Worksheet been completed and submitted to Mall Operations and/or TC? GC Complete?

Comments:

Section G: ADDITIONAL PUNCH ITEMS PER TC OR MALL OPERATIONS

GC Complete?

GC Complete?

GC Complete?

GC Complete?

GC Complete?

GC Complete?

GC Complete?