

Operation and Maintenance Manual

In compliance with the California Green Building Standards Code, **this Operation and Maintenance Manual shall be available at final inspection and remain with the building throughout the life-cycle of the structure.**

This manual has been prepared for the building located at:

Address _____ Permit #: _____ - _____ - _____

City/State/Zip _____

If no new equipment or fixture is installed as part of this project, then check the box and sign below (No further information is required on the rest of this form.)

I Certify that in the construction of this project, no new equipment or fixture was installed.

Name: _____ Relationship to project: _____

Signature: _____ License #: _____ Date: _____

Equipment & Fixture Information

(Required for new fixtures and equipment only)

Provide the make, model and maintenance information for all newly installed equipment and fixtures. This list shall include, but not be limited to the following items: compressor, air filter, furnace, water heater, kitchen appliances, smoke alarm, landscape irrigation, irrigation control, thermostat, hydrometer, water treatment system, roof and yard drainage, whole house fan, septic system, and similar equipment and fixtures. This information shall be submitted by the contractor at the time of final inspection. Use supplemental information sheet at the end of this form for additional equipment and fixtures.

Equipment fixture/type: _____

Make: _____ Model: _____

Maintenance Schedule:

Weekly Semi-Annually Other: _____

Monthly Annually

Maintenance Instructions: _____

Maintenance specifications/ Catalogue attached: Yes No

Equipment fixture/type: _____

Make: _____ Model: _____

Maintenance Schedule:

Weekly Semi-Annually Other: _____

Monthly Annually

Maintenance Instructions: _____

Maintenance specifications/ Catalogue attached: Yes No

Equipment fixture/type: _____

Make: _____ Model: _____

Maintenance Schedule:

Weekly Semi-Annually Other: _____

Monthly Annually

Maintenance Instructions: _____

Maintenance specifications/ Catalogue attached: Yes No

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

Utilities Information

(Required for new buildings only)

Complete the requested information for each service provider below. This information shall be submitted by the contractor at the time of the final inspection.

Electric utility provider: _____

Check if solar or alternate source of electricity is provided.

Phone/ Internet contact: _____

Water supply provider: _____

Check if well or alternate source of water is provided.

Phone/ Internet contact: _____

Sewer provider: _____

Check if septic or other private sewage system is provided.

Phone/ Internet contact: _____

Gas supply provider: _____

Check if liquid propane tank is used.

Phone/ Internet contact: _____

Garbage/ Trash removal service provider: _____

Phone/ Internet contact: _____

Recycling service provider: _____

Phone/ Internet contact: _____

Public Transportation by: _____

Bus, phone/ internet contact: _____

Light rail/ Train, phone/internet contact: _____

Car pool/ van pool, phone/ internet contact: _____

Building Department: _____

Occupancy of Building: _____

Phone/ Internet Contact: _____

Equipment & Fixture Information (Supplemental)

Equipment fixture/type: _____
Make: _____ Model: _____
Maintenance Schedule:
 Weekly Semi-Annually Other: _____
 Monthly Annually
Maintenance Instructions: _____
Maintenance specifications/ Catalogue attached: Yes No

Equipment fixture/type: _____
Make: _____ Model: _____
Maintenance Schedule:
 Weekly Semi-Annually Other: _____
 Monthly Annually
Maintenance Instructions: _____
Maintenance specifications/ Catalogue attached: Yes No

Equipment fixture/type: _____
Make: _____ Model: _____
Maintenance Schedule:
 Weekly Semi-Annually Other: _____
 Monthly Annually
Maintenance Instructions: _____
Maintenance specifications/ Catalogue attached: Yes No

Equipment fixture/type: _____
Make: _____ Model: _____
Maintenance Schedule:
 Weekly Semi-Annually Other: _____
 Monthly Annually
Maintenance Instructions: _____
Maintenance specifications/ Catalogue attached: Yes No

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