

Miami-Dade County Public Schools CxA Services RELATED EXPERIENCE FORM

(Make copies of this form for each project)

PROPOSER / APPLICANT:				_ Category □	3A □3B □3C
☐ TERM CONTRACT Start Date End Date	ROI or GOAL	Project certification: LEED (Level achieved) OTHER RATING SYSTEM:		Select one of the following for this project: NEW CONST. COMMISSIONING RETRO-COMMISSIONING	
PROJECT PROJECT PROJECT Project Title Address Contract Value (fees) Size of project (SF) Completion Date	OWNER(user / agency's rep) Name Address	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 or "S" if by subconsultant	
	Current Phone E-mail address PROJECT A/E (Provide same information as for owner)			Commissioning Tasks Performed (see Key below)	Management (see Management Key, below)
	OWNER: A/E:			Design Review Cx Plan Specifications Funct. Plans Witnessed FT Hands-on Tests Data/Trending Training Review O&Ms Other Other	CP in firm Supervised CP Worked w/CP
KEY: Data/Trending: Used data loggers or EMS trend logs for testing Design Review: Reviewed design and provided comment during design phase Cx Plan: Wrote the commissioning plan Funct. Plans: Wrote functional test procedures and checklists Hands-on Tests: Performed functional tests (hands-on) Review 0&Ms: Reviewed completed 0&M manuals Specifications: Wrote commissioning specifications for construction team Training: Developed or approved staff training Witnessed FT: Witnessed and documented functional tests			MANAGEMENT KEY: CP in firm: Commissioning Professional (CP) was part of the prime firm submitting response to RFQ Supervised CP: Supervised Commissioning Professional subconsultant to the prime firm Worked w/CP: Worked with a Commissioning Professional hired by others		