

TOBY INSPECTION VERIFICATION FORM

LIFE SCIENCE and MEDICAL - 2027

Building Name: _____

Local/City/Jurisdiction: _____

Category: _____

Areas Inspected <small>(All items are required for eligibility to compete if applicable to the property type)</small>	Yes	N/A	Comments
Entrance/Main Lobby			
Security/Life Safety			
Management Office			
Elevators			
Multi-Tenant Corridors			
Restrooms			
Stairwells			
Typical Tenant Suite, Patient Area and Lab Space			
Central Plant/Engineering Office			
Equipment Rooms/Service Areas			
Evidence of Evacuation Drills Conducted Within 12 Months			
Roof			
Parking Facilities			
Landscaping/Grounds			
Refuse Removal and Loading Dock Areas			
Tenant Amenities			
Preventive Maintenance Manual			
Standard Operating Procedures (SOP) Manual (Digital or Printed)			
Emergency Procedures Manual			
BOMA Measurement Standard			
Financial Reports			
Purchase Policies			

Judge's Affidavit

As one of the judges for the local BOMA TOBY Awards Program, I have inspected the above indicated areas at the building site using BOMA International's "The Outstanding Building of the Year" program.

Judge's Name:

Judge's Signature:

Date: