

# TOBY INSPECTION VERIFICATION FORM

## LIFE SCIENCE and MEDICAL - 2027

**Building Name:** \_\_\_\_\_

**Local/City/Jurisdiction:** \_\_\_\_\_

**Category:** \_\_\_\_\_

<b>Areas Inspected</b> <small>(All items are required for eligibility to compete if applicable to the property type)</small>	<b>Yes</b>	<b>N/A</b>	<b>Comments</b>
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: