

MACERICH RETAIL PROPERTIES
Final Inspection Punchlist/For Close-out of Tenant Construction

Name of Mall: _____ Tenant Name: _____ Space No: _____ Storefront Picture: _____

Inspection Date: _____ Const. Completion Date: _____ Opening Date: _____

Inspection Completed By: _____ Date Sent to Tenant Coordination: _____
(Name of Mall Representative)

Yes No STOREFRONT / REAR EXIT:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Final clean up of storefront completed.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Storefront workmanship acceptable.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Mall bulkhead, neutral piers, and floor tile cleaned, painted, and repaired.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Acceptable transition strip at change in floor material (i.e., tile at entry to carpet in sales).
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Approved signage installed properly.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Exit vestibule complete (door painted & labeled, corridor repaired & cleaned)
Comments: |

Yes No SALES AREA:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Walls finished with approved materials.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Approved base material installed.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | All electrical cover plates installed.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Approved ceiling.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | If a drywall ceiling is installed, there is adequate access to Mall or Tenant equipment and/or clean outs above the ceiling (i.e., air handlers, smoke detectors, catwalks, etc.).
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Flooring installed properly.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Space is clean and ready for fixtures and merchandise.
Comments: |

Yes No STRUCTURAL:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Roof Penetrations authorized and performed by the Landlord's roofing contractor.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Mall expansion joints within Tenant's premises properly addressed during construction.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper attachment to the structure overhead.
Comments: |

Yes No MECHANICAL / ELECTRICAL / PLUMBING:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | All abandoned HVAC and other type tenant specific rooftop equipment has been removed and properly disposed of; metal deck and roof material patch by Mall roofer.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Final AABC Air Balance report required.
Comments: |

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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Electric water heater installed with 2" drain pan with overflow and relief valves piped to floor drain.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Floor drain installed in all toilet room / wet areas (The floors in all wet areas, with the exception of those located on grade level, must be sealed with a waterproof membrane).
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Life / safety systems installed and operational.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Single disconnect switch in space for all electrical service.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Electronic Demand Check Meter - GE #784X400001 installed in the Mall electric room. Tenant's electrical service to be labeled at mall SES.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Water meter installed in high water-usage Tenant's only.
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Water shut-off valve installed at eye level in restroom.
Comments: |

Yes No MECHANICAL / ELECTRICAL / PLUMBING FOR FOOD TENANTS:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Grease Guard Grease Containment System with 10' upblast installed.
Comments: |
|--------------------------|--------------------------|--|

Yes No MISCELLANEOUS:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Violations during construction (see attached Violation List).
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | As-Builts required
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Occupancy required
Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | Fees/Payments due
Comments: |

MALL MANAGEMENT COMMENTS: