

**PROJECT NAME & LOGO**

<b>CHECK LIST FOR:</b>		<b>Form No:</b>
<b>COMMISSIONING CERTIFICATE</b>		<b>Rev. No: 0</b>
<b>SUBCONTRACTOR</b> <input checked="checked" type="checkbox"/>	<b>CONTRACTOR</b> <input type="checkbox"/>	<b>Page : 1 of 1</b>

<b>Project No:</b>		<b>Project Title:</b>	
<b>Type of System</b>		<b>Date :</b>	
<b>Location</b>			
<b>Activity Start time</b>		<b>Activity Finish time</b>	

This is to certify that the system detailed above has been installed, inspected / tested and Commissioned satisfactorily in accordance with the terms and conditions of the contract.

	<b>TYCO REPRESENTATIVE</b>	<b>CLIENT REPRESENTATIVE</b>
<b>Name</b>		
<b>Sign</b>		
<b>Date</b>		

**WITNESSED BY**

<b>S. No.</b>	<b>NAME OF THE PERSON WITH DEPARTMENT</b>	<b>COMPANY NAME</b>
1		
2		
3		
4		
5		

<b>For S/C QA/QC: Date:</b>	<b>FOR CONTRACTOR QA/QC: Date:</b>	<b>For Consultant Rep.: Date:</b>
<b>Name: Sign:</b>	<b>Name: Sign:</b>	<b>Name: Sign:</b>