

PROJECT NAME & LOGO

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

Project No:		Project Title:	
Type of System		Date :	
Location			
Activity Start time		Activity Finish time	

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.

	TYCO REPRESENTATIVE	CLIENT REPRESENTATIVE
Name		
Sign		
Date		

WITNESSED BY

S. No.	NAME OF THE PERSON WITH DEPARTMENT	COMPANY NAME
1		
2		
3		
4		
5		

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