ELECTRICAL DESIGN GROUP

ELECTRICAL COMMUNICATIONS FIRE SYSTEMS DESIGNERS

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PROJECT NAME **PROJECT NUMBER**

COMMISSIONING COMPLETION CERTIFICATE

REVISION - DATE

System name:		Area / stage:	
Installation company name:			
Address:	Phone number:		
Contact name:	Phone number:		
The (name or describe) system installed in the above building has been fully installed and is ready for commissioning. It has been installed in accordance with the previously agreed specification and/or functional description of the system and design intent (add reference if available)			
The items indicated below were checked and found to be installed to specification:		OK	N/A
Headings:	Items:		
Installer:			
Witnessed by:	Position: Designer		
Company:	Date:		
Witnessed by:	Position: Commissioning engineer		
Company:	Date:		
NOTES:			

ELECTRICAL DESIGN GROUP BRISBANE PTY LTD ACN 092 710 793
TRADING AS – ELECTRICAL DESIGN GROUP ABN 96 092 710 793