

REVISION

ELECTRICAL DESIGN GROUP

ELECTRICAL BUILDING SERVICES CONSULTANTS P.O. Box 15, SHERWOOD Q. 4075

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PROJECT NAME PROJECT NUMBER COMMISSIONING COMPLETION CERTIFICATE

- DATE System name: Area / stage: Installation company name: Address: Phone number: Phone number: Contact name: 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: