

## **APPENDIX B – FORMS**

Form 200 ..... Certificate of Equipment Delivery

Form 201 ..... Certificate of Instruction

Form 202 ..... Certificate of Satisfactory Installation

Form 203 ..... Certificate of Equipment Satisfactory Performance

**FORM 200:**  
**CERTIFICATE OF EQUIPMENT DELIVERY**

We certify that the equipment listed below has been delivered into the care of the Installation Contractor. The equipment has been found to be in satisfactory condition and meets its Basic Design Criteria. No defects in the equipment were found.

**Project:** \_\_\_\_\_

**Item of Equipment:** \_\_\_\_\_

**Tag No.:** \_\_\_\_\_

**Reference Specification:** \_\_\_\_\_

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(Authorized Signing Representative of the Installation Contractor) (Date)

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(Authorized Signing Representative of the Contractor) (Date)

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(Authorized Signing Representative of the Contract Administrator) (Date)

**FORM 201:**  
**CERTIFICATE OF INSTRUCTION**

I have completed instruction of the installation of the equipment listed below:

**Project:** \_\_\_\_\_  
**Item of Equipment:** \_\_\_\_\_  
**Tag No.:** \_\_\_\_\_  
**Reference Specification:** \_\_\_\_\_

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(Authorized Signing Representative of the Contractor)

(Date)

I certify that the party responsible for the installation of the equipment listed below has received instructions from the Contractor.

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(Authorized Signing Representative of the Installation Contractor)

(Date)

**FORM 202:**  
**CERTIFICATE OF SATISFACTORY INSTALLATION**

I have completed my check and inspection of the installation listed below and confirm that it is satisfactory and that defects have been remedied to my satisfaction except any as noted below:

**Project:** \_\_\_\_\_  
**Item of Equipment:** \_\_\_\_\_  
**Tag No.:** \_\_\_\_\_  
**Reference Specification:** \_\_\_\_\_  
**Outstanding Defects :** \_\_\_\_\_

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(Authorized Signing Representative of the Contractor)

(Date)

**FORM 203:**  
**CERTIFICATE OF EQUIPMENT SATISFACTORY PERFORMANCE**

We certify that the equipment listed below has been validated and has been operated for at least seven (7) consecutive days and that the equipment operated satisfactory and meet its Basic Design Criteria. No defects in the equipment were found. The equipment is therefore classed as "conforming"

**Project:** \_\_\_\_\_

**Item of Equipment:** \_\_\_\_\_

**Tag No.:** \_\_\_\_\_

**Reference Specification:** \_\_\_\_\_

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(Authorized Signing Representative of the Contractor)

(Date)

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(Authorized Signing Representative of the Installation Contractor)

(Date)

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(Authorized Signing Representative of the Contract Administrator)

(Date)