

COMMISSIONING TEST OR DOCUMENT APPROVAL

Project: _____ To: _____
From: _____

Completed Functional Test Approval
Equipment Name: _____ Equipment Tag: _____
Functional Test Description: _____

Document Review Document Name and ID: _____
Review Description: _____

The test(s) of the above equipment or the review of the referenced document(s) have been completed and performance of the component, system or documents complies with the acceptance criteria in the testing or document requirements of the Specifications and Contract Documents, subject to the changes being made as listed below or on an attached sheet.

____ Sheets attached

A copy of the completed test or document review is attached. (Y/N) _____

Commissioning Agent Approval:

Commissioning Agent Date

Construction Manager Approval:

The test or review results relating to the above equipment has been reviewed and approved as complying with the contract documents.

Construction Manager Date

Exclusions:

cc: