

**APPENDIX A**  
**FORMS (SEE 011100 and 019141)**

**INDEX TO 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 204 ..... Certificate of Training

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

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

\_\_\_\_\_  
(Authorized Signing Representative of the Contractor) (Date)

\_\_\_\_\_  
(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:** \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signing Representative of the Contractor)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(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 operates satisfactory and meets 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:** \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signing Representative of the Contractor) (Date)

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

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

**FORM 204:  
CERTIFICATE OF TRAINING**

We certify that we have received the appropriate training in the operation and maintenance of the supplied equipment in accordance with these Specifications.

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

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

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

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

\_\_\_\_\_  
(Authorized Signing Representative of the Contractor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Signing Representative of the City)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Signing Representative of the Contract Administrator)

\_\_\_\_\_  
(Date)