



LIGHT FITTINGS

Locked Bag 2228
North Ryde NSW 1670
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Client: John Holland Group	Project Name: Shoalhaven Hospital Redevelopment	Job No: NEC00140	Sheet: _____ Of _____
Contract Manager: <u>Brett Lavorato</u>	Project Manager: <u>Michael McGeehan</u>	Site Supervisor: <u>Andrew Cairns</u>	Date:
Check Authorised By: <u>Michael McGeehan</u>	Signature:	Check Delegated To:	Signature:

[illegible]

COMMENTS:

NCR No:

FINAL ACCEPTANCE	NAME	SIGNATURE	POSITION	APPROVED (YES/NO)	DATE
HEYDAY GROUP (REPRESENTATIVE):					
CLIENT (REPRESENTATIVE):					
AUTHORITY (IF APPLICABLE):					

(Client and Authority may elect or not elect to sign the acceptance).

ACCEPTANCE CRITERIA: AS PER ITP = (1) AS3000 WIRING RULES. (2) SPECIFICATION. (3) LATEST ISSUE OF DRAWINGS. (5) SUPPLY AUTHORITY APPROVAL.