	Facility:	
	Project Name/#:	
	Consultant:	
	Contractor:	
01810A-01 Commissioning Signoff Form		

Pre-Commissioning Documentation Checklist

☐ A representative from Strategy, Liaison and Policy Implementation (Compliance Technologist) and Operations, Maintenance and Monitoring has completed a review of 01810A-01 Pre-Commissioning Documentation Checklist.

Title	Print Name	Signature	Date
Consultant			
York Region Project Manager			
York Region Team Lead			
Comments (reference attachments, if applicable):			

Functional Testing (Signatures)


I confirm this phase meets the requirements set out in 01810 – Equipment Testing and Facility Commissioning.

Title	Print Name	Signature	Date
Consultant			
York Region Project Manager			
York Region Team Lead			
Comments (reference attachments, if applicable):			

5-Day Water Testing (Signatures)

I confirm this phase meets the requirements set out in 01810 – Equipment Testing and Facility Commissioning.

Title	Print Name	Signature	Date
Consultant			
York Region Project Manager			
York Region Team Lead			
Comments (reference attachments, if applicable):			

	Facility:	
	Project Name/#:	
	Consultant:	
	Contractor:	
01810A-01 Commissioning Signoff Form		

Training (Signatures)


I confirm this phase meets the requirements set out in 01820 – Demonstration and Training and the Contract Documents.

Title	Print Name	Signature	Date
Consultant			
York Region Project Manager			
York Region Team Lead			
Comments (reference attachments, if applicable):			

14-Day Performance Testing (Signatures)

I confirm this phase meets the requirements set out in 01810 – Equipment Testing and Facility Commissioning. **Note**.
Through initiation of this phase, the newly constructed works are now feeding distribution in a water system or collection in a wastewater system.

Title	Print Name	Signature	Date
Consultant			
York Region Project Manager			
York Region Team Lead			
Comments (reference attachments, if applicable):			

	Facility:	
	Project Name/#:	
	Consultant:	
	Contractor:	
01810A-01 Commissioning Signoff Form		

Substantial Performance (Signatures)

I confirm this phase meets the requirements of the Contract Documents.

Title	Print Name	Signature	Date
Consultant			
York Region Project Manager			
York Region Team Lead			
Comments (reference attachments, if applicable):			

Final Facility Handover to York Region

Final Facility Handover to York Region can only occur when all subsequent phases have been completed and all requirements set out in the Contract Documents have been fulfilled.

Title	Print Name	Signature	Date
Director, CPD			
Director, OMM			
York Region Project Manager			
York Region Team Lead			
Comments (reference attachments, if applicable):			