Report of Final Inspection

*Fill in the project identification below.*

|  |  |
| --- | --- |
| Project:*Include SBC number, Institutional location, and work name.* |  |

A final inspection has confirmed that

|  |  |
| --- | --- |
| **Final Completion was achieved on** |  |

*Fill in the date of final completion above.*

*Mark only one of the following.*

|  |  |
| --- | --- |
|  | for all of the Work of the contract. |

|  |  |  |
| --- | --- | --- |
|  | for only the portion of the Work identified below: | *Fill in a description below only if this latter box is checked.* |
|  |  |

*Leave space above blank if inspection is for all of the Work of the Contract,
and mark only one of these in each row below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SWPPP |  | does not apply. |  | Final Stabilization done at SC |  | Final Stabilization done now |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Commissioning |  | does not apply. |  | done at SC |  | done now |

*Mark only one of the following.*

Other corrections, required by the Contractor’s warranty of the Work ...

|  |  |
| --- | --- |
|  | were not in evidence at this time. |

|  |  |
| --- | --- |
|  | were also found or reported, and a list of items to be corrected is attached. |

*If the latter of the two boxes above is marked, provide an attached list.*

*Fill in signatory name and company name below the signature line.*

|  |
| --- |
| Designer Signature: |
|  |
|  |