

# **PROJECT COMPLETION CERTIFICATE**

Client Name:	IPS Rep Name:
Client Rep Name:	Job Location:
Job Number:	Job Finish Date:
Job Start Date:	Report Date:

**Brief Description of Work Scope** 

### **Changes to Work Scope**

### Demobilization

1.	Have all permits been signed off?	Yes	No
2.	Is there any additional work to be completed?	Yes	No
3.	Has all IPS equipment been appropriately cleaned and moved off site?	Yes	No
4.	Has IPS work area been left in a clean state?	Yes	No
5.	Has the Work Scope been completed?	Yes	No
6.	Has HSE and QA documentation been completed?	Yes	No
7.	Has the work area been handed back to the client?	Yes	No
8.	Has all rental equipment been taken off hire and returned?	Yes	No

#### **Client Comments**

## **Project Sign Off**

Project has been completed in accordance with the Work Scope

Client (print)

Client (signature)

IPS Name (print)

IPS Name (signature)