



Water and Waste Department • Service des eaux et des déchets

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**Form 100**  
**CERTIFICATE OF EQUIPMENT DELIVERY**

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We certify that the equipment listed below has been delivered into the care and custody of the Installation Contractor. The equipment has been found to be in satisfactory condition. There is no visible evidence of exterior damage or defects.

**Project:**

**Equipment Description:**

**Equipment Supply Bid Opp. No.:**

**Equipment Install Bid Opp. No.:**

**Equipment Tag No.:**

**Specification Reference:**

\_\_\_\_\_  
(Authorized Representative of Supply Contractor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Authorized Representative of Install Contractor)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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**Form 101**  
**CERTIFICATE OF READINESS TO INSTALL**

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We have familiarized the installing contractor of the specific requirements related to the equipment listed below and am satisfied that the installing contractor understands the required installation procedures.

**Project:**

**Equipment Description:**

**Equipment Supply Bid Opp. No.:**

**Equipment Install Bid Opp. No.:**

**Equipment Tag No.:**

**Specification Reference:**

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(Authorized Representative of Supply Contractor)

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Date

We certify that we have received satisfactory installation instructions from the equipment manufacturer/vendor.

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(Authorized Representative of Install Contractor)

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Date



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**Form 102**  
**CERTIFICATE OF SATISFACTORY INSTALLATION**

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We have completed our checks and inspection of the installation of our equipment as listed below and confirm that it is satisfactory and that any defects have been remedied except any as noted below.

**Project:**

**Equipment Description:**

**Equipment Supply Bid Opp. No.:**

**Equipment Install Bid Opp. No.:**

**Equipment Tag No.:**

**Specification Reference:**

**Outstanding Defects:**

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(Authorized Representative of Supply Contractor)

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Date

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(Authorized Representative of Install Contractor)

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Date



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**Form 103**

**CERTIFICATE OF EQUIPMENT SATISFACTORY PERFORMANCE**

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We certify that the equipment listed below has been continuously operated for a minimum of three (3) consecutive days and that the equipment operates satisfactorily and meets its specified operating criteria. No defects in the equipment were found and as such are classified as “conforming”.

**Project:**

**Equipment Description:**

**Equipment Supply Bid Opp. No.:**

**Equipment Install Bid Opp. No.:**

**Equipment Tag No.:**

**Specification Reference:**

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(Authorized representative of Supply Contractor)

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Date

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(Authorized representative of Install Contractor)

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Date

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(Authorized representative of Contract Administrator)

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Date