

Notification of Completion of Work

Date/Time: _____

Project: _____

Item Number: _____ Item Description: _____

Location: _____

I certify that the work identified above has been completed according to the contract requirements and checked for compliance. I further certify that I am qualified and designated, in writing, to perform this Quality Control/Assurance function on this project.

Name (printed)

Signature

Remarks:

[FHWA use below line]

If box one or two is checked, the contractor can proceed immediately with the next phase of work.

Received by: _____ (name: signature/print) _____ (date/time)

- 1. This work will not be inspected.
- 2. This work was inspected and no deficiencies were found.
- 3. This work was inspected and deficiencies were found as noted below. The contractor must resubmit a WFLHD 470 upon correction of this work.
- 4. This work was inspected and deficiencies were found as noted below. The contractor can proceed with the next phase of work as noted below.

Remarks:

Completed by: _____ (name: signature/print) _____ (date/time)

Returned to Contractor by: _____ (name: signature/print) _____ (date/time)