

# 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
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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 can proceed with the next phase of work as noted below.
- 4. This work was inspected and deficiencies were found as noted below. The contractor must resubmit a WFLHD 470 upon correction of this work.

Remarks:

Recommended by: _____, Consultant P.E.	_____
(Name: Signature & printed)	(Date/Time)

Approved by: _____, FHWA Project Manager	_____
(Name: Signature & printed)	(Date/Time)

Date Returned to Contractor: \_\_\_\_\_