



PROJECT COMPLETION CERTIFICATE

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|-------------------------|-------------------------|
| 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)