

## CERTIFICATE OF EQUIPMENT SATISFACTORY PERFORMANCE

Form 103 (R1)

We certify that the equipment listed below has been tested and complies with the Functional Test requirements and 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 is classified as "conforming".

Project: \_\_\_\_\_  
Equipment Description: \_\_\_\_\_  
Equipment Supply Bid Op No.: \_\_\_\_\_  
Equipment Install Bid Op No.: \_\_\_\_\_  
Equipment Tag No.: \_\_\_\_\_  
Specification Reference: \_\_\_\_\_

\_\_\_\_\_  
(Authorized representative of Manufacturer)      Date: \_\_\_\_\_

\_\_\_\_\_  
(Authorized representative of Installing Contractor)      Date: \_\_\_\_\_

\_\_\_\_\_  
(Authorized representative of Contractor Administrator)      Date: \_\_\_\_\_

### Acknowledgement of receipt of O&M Manuals

Draft (minimum) paper and electronic copies of the operation and maintenance manuals required for sign off on Form 103. Final paper and electronic copies of the operation and maintenance manuals required to achieve Total Performance on this contract.

\_\_\_\_\_  
(Authorized representative of City)      Date: \_\_\_\_\_