

Hydraulic compliance – Form 1

Contract details

Contract No:

Contract Title			
Original Contract Price	N/A		
Date of Contract	n/a	Original Date for Completion	n/a

Contractor Details

Contractor's Company / Organisation name			
Contractor's Representative	Name		
	Position		
	Tel	Mobile	
	Email		

Certifying Plumber details

Certifying Plumber/drainer	Name			
	Position			
	Tel	Mobile		
	Email			
Certification Number		Expiry date		

Signature Block – Senior Project Manager Hydraulics

Item	List Of inspections	Done Yes/No	Inspected by Name	Checked by
1				
2				
3				
4				
5				
The above inspections have been carried out. Items 1- 5 require rectification and/or some clarification				
An Audit has been carried out on items				
Name		Signature	Date / /	
Title	Senior Project Manager	Organisation Name:	Department of Infrastructure, Planning and Logistics	
Email	Hydraulics.services@nt.gov.au	Telephone	Mobile	
ALL HYDRAULIC DEFECTS MUST BE RECTIFIED BEFORE HANDOVER TO 1 ST FLOOR MAINTENANCE				

Specification Services Document ID	Version	Issued	Printed	Page
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