		L	Practical Completion Certificate
lssued by: address:	-		SBC / IC / ICD / MW / MWD
Employer: address:	_	Job reference: ry, Keyworth Ro Certificate no:	00023 1 1
Contractor: address:		Issue date: FG	16/12/2021
Works: situated at:			
Contract dated:	October 2021		
	Under the terms of the above-mentioned Contract,		
	I/we hereby certify that in my/our opinion		
	practical completion of the works has been achieved		
*Delete if not applicable			
	* and the Contractor has complied with the contractual requirements i respect of the information for the health and safety file		
	on <u>16th December</u> 20	21	
To be signed by or for the issuer named above	Signed		
Distribution	[X] Employer[] Structural Engineer[] C[X] Contractor[] M&E Consultant[][] Quantity Surveyor[] Clerk of Works[]	CDM Co-ordinator	[] [] [X] File

for SBC / IC / ICD / MW / MWD

CONTRACT ADMINISTRATION FORMS

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