Date:						
LOCAL FIELI COMPLET	_					
		I., ,,				
Physical and Electrical Inspection Compl Inspector Name:	eted?	Yes / No	Date:			
Integrator Name:		•				
Integrator Phone and e-mail:						
Contractor Name:						
Contractor Phone and e-mail:						
Notes:						
This memo is to serve as notice that the ELocal Field Operations Test(s) and are re-	eady to b		ance Test	ing:	essfully p	
• VMS • RWI	S	• (	ther			_
Detailed test results, discrepancies, and r	resolution	ns are attach	ed.			
Sincerely,						
Name		Date				

Project Number: \_\_\_\_\_Project Location: \_\_\_\_\_