

**CERTIFICATE OF CLEARANCE # \_\_\_\_\_**

Project Name: \_\_\_\_\_ Work Order #: \_\_\_\_\_

**CONTRACTOR'S CERTIFICATION OF VISUAL INSPECTION**

In accordance with Section 02 82 00, the Contractor's Supervisor hereby certifies that he/she has visually inspected all surfaces within the work area and has found no dust, debris or residue.

Identity of Work Area: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

**THE OWNER'S REPRESENTATIVE CERTIFICATION OF VISUAL INSPECTION**

In accordance with Section 02 82 00, the Owner's Representative hereby certifies that he/she has visually inspected all surfaces within the work area and has found no dust, debris or residue.

Identity of Work Area: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Pass / Fail** (see punch list)

Print Name: \_\_\_\_\_ Certificate # & Expiration Date: \_\_\_\_\_

**CONTRACTOR'S FINAL AIR CLEARANCE CERTIFICATION**

The Contractor hereby certifies that he/she has conducted clearance air sampling in accordance with the specifications and that this sampling is valid to the best of his/her knowledge and belief. In addition, the Contractor certifies that final clearance air sampling has met the criteria established in the specifications. All clearance air sample data and supporting paperwork is to be submitted to Owner.

Identity of Work Area: \_\_\_\_\_ Air Sample Identification #: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**THE OWNER'S REPRESENTATIVE FINAL QA/QC AIR CLEARANCE CERTIFICATION**

The Owner's Representative hereby certifies that he/she has conducted clearance air sampling in accordance with the specifications and that this sampling is valid to the best of his/her knowledge and belief. In addition, the Owner's Representative certifies that final clearance air sampling has met the criteria established in the specifications. All clearance air sample data and supporting paperwork is to be submitted to Owner.

Identity of Work Area: \_\_\_\_\_ Air Sample Identification #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE OWNER'S REPRESENTATIVE APPROVAL FOR RE-OCCUPANCY**

Visual Only\* \_\_\_\_\_ or Visual & Air Clearance Sampling\* \_\_\_\_\_

*\*initialed by Owner's Representative*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date and Punch List Items:

Summary of Materials Removed: