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: _____

«CLIENTCOMPANY_NAME»'S REPRESENTATIVE CERTIFICATION OF VISUAL INSPECTION
In accordance with Section 02 82 00, «ClientCompany_name»'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: _____

«CLIENTCOMPANY_NAME»'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: