Capital Project - Deficiency Summary

Project Number: Date: Sheet 1 of

Description:

Municipality:

Inspector: Signature: Date:

Operator on site: Signature: Date:

Contract Administrator: Signature: Date:

☐ **Substantial Performance inspection** ☐ **Completion inspection**

☐ **Red line drawings have been submitted to Operations**

Item	Description	Cost

Capital Project - Deficiency Summary

Project Number: Date: Sheet 2 of

Item	Description	Cost