



**Comments/Special instructions/Recommendations by ADPI/DOIP, if any**

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\_\_\_\_\_  
(Signature of ADPI/DOIP)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

\* User satisfaction report should be taken from the client if applicable before certificate of completion is issued

**For DOIP Office Use**

Checklist: **OK / Not OK**

107c Received for							
Civil		Elect			AC		
Date received		Date received		Date received		Date received	
Expected Date		Expected Date		Expected Date		Expected Date	
Checked		Passed					
Assistant/ Superintendent		Note:					
		OIC					
Recorded	Sent for clarifications	vvv-mm-dd	Clarifications Received	vvv-mm-dd	Revision Recorded	Sent for further processing	vvv-mm-dd