



Campbell Heights Fabrication Inc.
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Field Work Sign-Off Report

Customer Business Name:	Site Name:
Site Address:	
Start Date:	Completion Date:
Planned Work Completed:	
CHF Field Supervisor Comments:	
By signing this document, I acknowledge and agree that I have delivered all the planned work at satisfactory quality levels.	By signing this document, I acknowledge and agree that I have received all the stated deliverables at satisfactory quality levels.
CHF Field Supervisor Name:	Customer Representative Name and Position:
Signature:	Signature:
Date:	Date:
Customer's Remarks:	