HEXATECH	PROJECT MANAGEMENT	Issue No: 1	Document Effective Date: 01 Mar 2017	Page 1 of 1
	Works Completion / Buy-Off Form	Revision No. 0		Document Ref: PD-REC-WCBOF

Customer Name:		Work Order No:	Inspection Date:
Project:		Location:	
Customer PO No.:	Customer PO Date:	Drawing Ref. No.:	

NO.	ITEM TO BE CHECKED	QTY	ACCEPTABILITY		REMARKS
			YES	NO	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

We had inspected and agreed that the intended works carried out is in order and to our satisfaction.

HEXATECH Project Personnel / Representative:	HEXATECH Project Manager:
Signature:	Signature:
Name:	Name:
Designation:	Designation:
Company: Date:	Company: Date:
Customer / Representative:	FOR OFFICE USE ONLY: Recorded by:
Signature:	Signature: File No.:
Name:	Name:
Designation:	Designation:
Company: Date:	Company: Date: