## APPARATUS SIGN OFF

Name of site & developer:	
STW reference of	

Inspection	Pass	Fail	Detail(s) of failure
Mains & service positions laid as planned			
Boundary boxes installed correctly and within tolerances			
Valves, chambers and covers installed correctly and within tolerances			
Fire hydrants/washout chambers and covers installed correctly and within tolerances			
Meters fitted correctly as planned			
Standpipe fitted correctly to all fire hydrants			

## Site representative:

Name:	Signature:
Role:	Date:
STW representative:	
Name:	
Role:	
Signature:	SEVERN
Date:	TRENT

## APPARATUS SIGN OFF

Defects

Location	Remedial work needed to rectify failure

Remedial works shown above to be completed by:

