

# ASSET INFORMATION HANDOVER ACCEPTANCE CERTIFICATE

|                              |  |
|------------------------------|--|
| <b>Project Name</b>          |  |
| <b>Project Number</b>        |  |
| <b>Contract Name</b>         |  |
| <b>Contract Number</b>       |  |
| <b>Purchase Order Number</b> |  |
| <b>Contractor Company</b>    |  |

|  |  |   |
|--|--|---|
| <b>Location of Asset</b>   | Corridor                                 | Subdivision                               |
|  | Mileage Range                            |   |
| <b>Asset Information Handover</b>  | Full                                     | Partial - See list of assets              |
| <b>If Partial, List Assets:</b>  |  |   |
| <b>Asset Information Deficiencies</b><br>(Deficiency List to accompany this Certificate) | Not Applicable<br>Conditional Acceptance | Date deficiencies are to be rectified by: |

| Applicable Asset Owner(s) (to be completed by the Project Delivery Team) |  |    |  |
|--|--|----|--|
| 1.   |  | 4. |  |
| 2.   |  | 5. |  |
| 3.   |  | 6. |  |

**Note:** One certificate is signed back from each applicable organizational department.

## Signed off by Project Delivery Team Project Manager

|                      |  |             |  |
|----------------------|--|-------------|--|
| <b>Name</b>          |  |             |  |
| <b>Title</b>         |  |             |  |
| <b>Business Unit</b> |  |             |  |
| <b>Signature</b>     |  | <b>Date</b> |  |
| <b>Comments</b>      |  |             |  |

## Asset Owner:

| Asset Information Handover Acceptance Criteria (to be completed by Asset Owner Representative) |  |                          |     |                         |          |
|--|--|--------------------------|-----|-------------------------|----------|
| No.  | Asset Information  | Accepted                 |     | Deficiencies            | Comments |
| 1.   | Asset documents required to support operation and maintenance of the assets have been handed over for processing to <b>EDRMS</b>                       | <input type="checkbox"/> | Yes | No Deficiencies         |          |
|  |  | <input type="checkbox"/> | No  | Deficiencies (Attached) |          |
| 2.   | Asset data to allow maintenance of the asset, managing inventory, and whole life cost management has been handed over to create records in <b>EMMS</b> | <input type="checkbox"/> | Yes | No Deficiencies         |          |
|  |  | <input type="checkbox"/> | No  | Deficiencies (Attached) |          |
| 3.   | Asset geospatial data to accurately visualize the asset location through the <b>EGIS</b> platform has been handed over                                 | <input type="checkbox"/> | Yes | No Deficiencies         |          |
|  |  | <input type="checkbox"/> | No  | Deficiencies (Attached) |          |

**Signed off by the Asset Owner Representative of the applicable organizational department**

(Signature sections provided to accommodate more than one signatory)

|                      |  |             |
|----------------------|--|-------------|
| <b>Name</b>          |  |             |
| <b>Title</b>         |  |             |
| <b>Business Unit</b> |  |             |
| <b>Signature</b>     |  | <b>Date</b> |
| <b>Comments</b>      |  |             |

|                      |  |             |
|----------------------|--|-------------|
| <b>Name</b>          |  |             |
| <b>Title</b>         |  |             |
| <b>Business Unit</b> |  |             |
| <b>Signature</b>     |  | <b>Date</b> |
| <b>Comments</b>      |  |             |

|                      |  |             |
|----------------------|--|-------------|
| <b>Name</b>          |  |             |
| <b>Title</b>         |  |             |
| <b>Business Unit</b> |  |             |
| <b>Signature</b>     |  | <b>Date</b> |
| <b>Comments</b>      |  |             |