

Contractor Handover Report Checklist

Date: _____

Project Name: _____

Contractor Name: _____

Client Name: _____

Checklist Items

- Project Documentation: _____ (Complete/Incomplete)
- Design Drawings: _____ (Received/Not Received)
- Subcontractor Documents: _____ (Complete/Incomplete)
- Warranty Information: _____ (Present/Missing)
- Final Invoices: _____ (Complete/Incomplete)
- Equipment Manuals: _____ (Received/Not Received)
- Safety Inspection Reports: _____ (Complete/Incomplete)
- Site Condition Check: _____ (Satisfactory/Unsatisfactory)

Signatures

Contractor Representative: _____ (Signature)

Client Representative: _____ (Signature)

Date of Handover: _____