

# Certification of Equipment Demonstration

Division of Administration and Finance  
Planning + Design + Construction  
PO Box 210186 • Cincinnati, Ohio 45221-0186



Demonstration Date	_____	UC Project No.	_____
Demonstration Time	_____	Purchase Order #	_____
Project Name	_____	Contractor	_____
Equipment Item or System	_____	Demonstrator Name	_____
	_____	Demonstrator Company	_____

**Observations and Comments** (attach additional pages if necessary)

## University Certification

As an authorized agent for the University, I certify that the equipment or system described above was operated in my presence and that its operating procedures were explained and demonstrated to my satisfaction. I acknowledge that a copy of the attendance sheet is attached.

Name \_\_\_\_\_

\_\_\_\_\_  
Signature Date

## Demonstrator

\_\_\_\_\_  
Signature Date

## Architect/Engineer

Name \_\_\_\_\_

\_\_\_\_\_  
Signature Date

## Construction Manager

Name \_\_\_\_\_

\_\_\_\_\_  
Signature Date