

# Electrical System Handover Document

Project Name:

Project Location:

Client Name:

Contractor Name:

Date of Handover:

System / Area Covered:

## Scope of Work

## Testing & Commissioning Records

Test Description	Date	Result	Remarks

## List of Submitted Documents

Document Name	Document No.	Date Submitted	Remarks

## Outstanding Works / Punch List

Item	Description	Status	Target Completion

## Remarks

**Handed Over By (Contractor):**

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**Name**

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**Date**

**Received By (Client/Consultant):**

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**Name**

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**Date**