|  |  |  |
| --- | --- | --- |
|  |  | Confirmation of On-Site Inspection |

**This form is mandatory and must be enclosed with your solicitation.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Solicitation #: | |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| I, |  | | | ,representative for the company of: | | | |  | | | | | | |
| personally visited the facility/facilities related to this solicitation and understand the facility related requirements associated with this solicitation. | | | | | | | | | | | | | | |
|  | | | | | | | |  |  | | | | | |
| Facility Contact Person Name (PRINT) | | | | | | | |  | Title | | | |  |  |
|  | | | | | | | |  |  | | | |  |  |
| Facility Contact Person Signature | | | | | | | |  | Date | | | |  |  |
|  | | | | | | | |  |  | | | | | |
| Vendor Representative Name (PRINT) | | | | | | | |  | Title | | | |  |  |
|  | | | | | | | |  |  | | | |  |  |
| Vendor Representative Signature | | | | | | | |  | Date | | | |  |  |
|  | | | | | | | | | | | | | | |
| Location Name: | | |  | | | | | | | | | | | |
| Address: | | |  | | | City: |  | | | | | Zip: |  | |
| Date: | | |  | | | Time: |  | | |  | | | | |
|  | | | | | | | | | | | | | | |
| Agency Contact Person  (for directions and/or appointments only): | | | | |  | | | | | | Phone: | |  | |

Any questions as a result of the site visit must be submitted in writing via:

* email to

No oral communication of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the solicitation. All modifications to the solicitation must be made in writing by the Office of Management and Enterprise Services, Central Purchasing.