



TECHNICAL ASSURANCE Gates Pass Certificate (GPC)

Document No.	<i>XX-XXX-XX-XXX-XXXXX-XXXXX RevXX</i>
Design Contract Number and name:	
Construction Package No / Name:	
Name of Consultant/Contractor responsible for the design covered by this certificate:	
Gate Stage (1, 2 or 3):	
Gate Report Number(s):	
Scope of Design:	
Exclusions:	
Date of Gate Review meeting:	
Review outcome:	
No of conditions:	
Date of Pass when all conditions have been addressed:	
Further Information:	

I hereby certify that the above areas of design produced by the Consultant and covered by this certificate, have achieved a pass through the Gate stage(s) as noted above:

Signed

Name

Gates Chair Crossrail

(or nominated designee)

Dated: