

**FORM 9**  
**CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE**  
**CONTRACT UNDER SECTION 32 OF THE ACT**

*Construction Act*

**Mount Sinai Hospital**

(County/District/Regional Municipality/Town/City in which premises are situated)

**600 University Avenue, Toronto ON M5G 1X5**

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

**L8 Mass Spectrometry Lab**

(short description of the improvement)

to the above premises was substantially performed on **November 26, 2020**

(date substantially performed)

Date certificate signed: **January 6, 2021**



(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: **Sinai Health Systems**

Address for service: **600 University Avenue, Toronto, ON M5G 1X5**

Name of contractor: **Bird Mechanical Ltd.**

Address for service: **1201 Nicholson Road, Newmarket, Ontario L3Y 9C3**

Name of payment certifier (where applicable): **H.H. Angus & Associates Limited**

Address: **1127 Leslie Street Toronto, Ontario M3C 2J6**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**600 University Avenue, Toronto, ON M5G 1X5**

(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

(if the lien does not attach to the premises, a concise description of the premises, including addresses, and the name and address of the person or body to whom the claim for lien must be given)