

Fitter Installation Report

Customer Name:	
Job Number:	
Date:	

Overview

Job Finished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All doors aligned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All draws fit correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Handles and Accessories fitted correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Customer happy with work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Issues Found

Issues to Report? <i>(If yes describe below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Description

Missing Items

Item Description	Quantity

Damaged Items

Item Description	Quantity

Signoff

Fitter Name:	
Fitter Signature:	

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