

CUSTOMER TEST INFORMATION DETAILS

Property: _____

Title: _____

Tests: _____

CONTACT

Customer: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____ Contact Mobile: _____

SCHEDULE

Report Filing Due Date: _____

Scheduled: _____ By: _____

Completed: _____ By: _____

Report Sent: _____ By: _____

ABOUT THE TEST

Type of Test: _____

Staff Needed | Techs: _____ Helpers: _____

Time Estimate | Hours: _____ Days: _____

Notes on Techs, Helpers and Time:

Materials:

Special Instructions:

Third-Party Vendors: _____

Vendor Contact Info: _____

Last Test Date: _____

Previously Tested By: _____



FACILITY

Location: _____
Type of Facility: _____ Occupancy: _____
Floors: _____ Stairwells: _____
No Elevators | Cars: _____ Banks: _____
Panels/Risers: _____ Panel Type: _____
Location of Panels/Risers: _____

ACCESS & ACCESSIBILITY

Appointment Time Restrictions: _____
Noise Restrictions: _____
Parking Notes: _____
Location Notes: _____
Who to Check in With: _____
at the location
Accessibility Notes: _____
Access | Gate Code: _____ Key Location: _____
Access Additional Notes: _____
Monitoring | Who: _____ Access Code: _____

ACCOUNT STATUS

TRGFS Payment Status/History: _____
Outstanding Balance | Amount: _____ Since: _____

NOTES

Issues:

General Notes:

Last updated: _____ By: _____

