o2westgroup, inc

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PROJECT PLANNING CHECKL	IST				
Client:			Date:		
Address:			o2w Contact:		
City/State:			Cell:		
Contact:			Fmail:		
Phone:			Installer:		
Email:			Phone:		
CHECK APPLICABLE BOXES					
Receiving:			Install Location:		
Loading dock available:	\square Y	\square N	Delivery made to which floor:	F	loor(s)
Delivery site can accept 53' trailer:	\square Y	\square N	☐ One room	☐ Multiple rooms	
Restricted hours of use:	\square Y	\square N	Access to freight elevator:	\square Y	\square N
Receiving hours:			Access to passenger elevator:	\Box Y	\square N
Special Installation Considerations:			Installation:		
Customer to remove existing furniture:	\square Y	\square N	Non-Union labor:	ΠY	\square N
o2w/Installer to remove existing equip:	\square Y	\square N	Union/Prevailing Wage labor:	ΠY	\square N
Dumpster provided by customer:	\square Y	\square N	Security clearance required:	ΠY	\square N
Single phase installation:	\square Y	\square N	Additional information:		
Multiple phase installation:	\square Y	\square N			
If multiple phase, please describe:					
			Electrical Sources:		
Anchor product:	\square Y	\square N	Wall Receptacle(s):	□Y	\square N
If yes, please describe:			Floor Receptacle(s):	□Y	\square N
			Ceiling:	□Y	\square N
Insurance Cert.	\square Y	\square N	Additional information:		
If yes, please describe:					
Comments or additional informati	on:				