

INSTALLATION EVALUATION REPORT

DATE: 6/1/18	NAME OF THE INSTALLATION ENGINEER :	
TIME:		
CUSTOMER NAME	Inoxpa India Pvt Ltd.	
PURCHASE ORDRE NO		PO DATE:
PROJECT CODE		

Arrival at Site	<input checked="" type="checkbox"/> On-Time	<input type="checkbox"/> Late	<input type="checkbox"/> Always Late
Competency Level	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Follow Safety Rules	<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Workmanship	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Execution Ability	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Verbal Communication	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Overall Experience	<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied

Any comments, questions or suggestions?

No Any Comments.

Name of Evaluator :

Kamthe Anish Caxman.

Contact Number :

9890614458.

E-Mail ID :

Akamthe.in@inoxpa.com.

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SIGNATURE OF THE CUSTOMER

Kamthe.

SIGNATURE OF INSTALLATION ENGINEER

Dashrath

INSTALLATION EVALUATION REPORT

DATE:			NAME OF THE INSTALLATION ENGINEER : <i>sandeep dhorekar</i>
TIME:			
CUSTOMER NAME	ABB India Ltd		
PURCHASE ORDRE NO	3091029657	PO DATE:	8/12/2017
PROJECT CODE	A25J029-1718 & A25I129-1718		

Arrival at Site	<input checked="" type="checkbox"/> On-Time	<input type="checkbox"/> Late	<input type="checkbox"/> Always Late
Competency Level	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Follow Safety Rules	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Workmanship	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Execution Ability	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Verbal Communication	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied
Overall Experience	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Dissatisfied

Any comments, questions or suggestions?

Name of Evaluator	:	<i>Kunal Wankhede</i>
Contact Number	:	<i>9158677838</i>
E-Mail ID	:	<i>Kunal.wankhede@in.abb.com</i>

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SIGNATURE OF THE CUSTOMER

sandeep dhorekar
11/12/2018

SIGNATURE OF INSTALLATION ENGINEER

[Signature]