



# KOJO AUTO SERVICE CENTER



## LAGOS:

1, Moshalashi Street,  
Off Western Avenue,  
By Ipori Bridge Alaka Surulere, Lagos.  
Tel: 08077692625, 08077692662,  
08077692633

## ABUJA:

Plot 1209 Shehu Yar'Adua Way  
Mabushi Near VIO, Abuja FCT.  
Tel: 08077692630, 08067779150,  
09-2911234

## BENIN:

45, Agbor Road, Ikpoba Hill,  
Benin City, Edo State.  
Tel: 08077692641, 08077692644

## PORT-HARCOURT:

Plot 117, Trans-Amadi Layout  
Port Harcourt, Rivers State.  
Tel: 08077692621, 08077692631,  
07037823937

## AWKA:

Plot C5 and C6 Agu-Akwa  
Layout Akwa Anambra State  
Tel: 08077692640, 08077692610

## JOB INSTRUCTION

<b>Customer Name/ID:</b>	INSTITUTE OF HUMAN VIROLOGY NIGERIA / KJ346917	<b>Date:</b>	21st Jan, 2022
<b>Organization:</b>	INSTITUTE OF HUMAN VIROLOGY NIGERIA	<b>Reg. No:</b>	12Z 102 FG
<b>Vin/Chasis No:</b>	AHTFX22G908029965	<b>Odometer Reading:</b>	132381km
<b>Phone Number:</b>	08035545581	<b>E-mail:</b>	
<b>Vehicle Make:</b>	Toyota Hilux	<b>Model Number:</b>	TGN26L-PRPDKN
<b>Address:</b>	PLOT 252 NAINA COURT C.B.D ABUJA		

Item Description	Quantity
ENGINE OIL /	7
OIL FILTER /	1

		Additional Job Completionn : <input type="checkbox"/> Value : <input type="checkbox"/> Project Estimatew/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/>		
1 <input type="checkbox"/> Cleaness (Exterior/Interior): <input type="checkbox"/> <input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/> <input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/> <input type="checkbox"/> Clock Adjustment / Radio Sitting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notificaxtion: <input type="checkbox"/>	2 <input type="checkbox"/> Signed 1 Date: _____ Time: _____  <input type="checkbox"/> Signed 2 Date: _____ Time: _____	Job Details Explanation : <input type="checkbox"/> Fee Explanation : <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> Walk-Around Check : <input type="checkbox"/>	Fixed: <input type="checkbox"/> Level Up: <input type="checkbox"/> No Fixed: <input type="checkbox"/> PSFU(Plan) <input type="checkbox"/>	Delivery: Dtae: _____  Time: _____ Customer: _____
<b>Change of Delivery Time:</b> Additional Jobs /Job Stoppage/Others Completion Changed: _____		<b>Job Time:</b> Job Start: Date _____ Time _____ Job Completion: Date _____ Time _____		
Other Findings : _____		Actual Hours Clocked: _____	Technician Name: _____	Quality Control Staff: _____
Job Completion Notification: Date: _____ Time: _____		Delivered to Owner / Family / Other ( _____ )		
P.S.F.U. (Plan): Date: _____ Time: _____		Contact Info: Telephone No: _____ (Home/Business/Mobile) Email: _____		
P.S.F.U (Actual): Date: _____ Time _____		Customer: Owner / Family / Other ( _____ )		

P.S.F.U (GJ) :  
☐ Fixed  
☐ Followup Status (Follow up Again)  
  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
☐ Not Fixed (Appointment Date/Time)  
  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Name: \_\_\_\_\_  
  
Confirmed By: \_\_\_\_\_  
  
Supplied By: \_\_\_\_\_  
Issued By: \_\_\_\_\_  
Order By: ABDULAZEEZ ADAVIRUKU YUSUFF