



# 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>	SALINI NIGERIA LIMITED / KJ446364	<b>Date:</b>	24th Jan, 2022
<b>Organization:</b>	SALINI NIGERIA LIMITED	<b>Reg. No:</b>	GWA 677 TQ
<b>Vin/Chasis No:</b>	JTECJ09J405509545	<b>Odometer Reading:</b>	Mi
<b>Phone Number:</b>	08159115701	<b>E-mail:</b>	
<b>Vehicle Make:</b>	Toyota Landcruiser	<b>Model Number:</b>	FZJ105L-GCMNK
<b>Address:</b>	16 BLACENTRAL STREET WUSE 2 ABUJA		

Item Description	Quantity
WHEEL BALANCING & ALIGNMENT /	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"/> Cleanness (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>		<b>Job Time:</b>	
Additional Jobs /Job Stoppage/Others Completion Changed: _____		Job Start: Date _____ Time _____ Job Completion: Date: _____ Time: _____	
<b>Other Findings :</b>		<b>Actual Hours Clocked:</b>	<b>Technician Name:</b>
Job Completion Notification: Date: _____ Time: _____		_____ Delivered to Owner / Family / Other ( _____ )	_____ Quality Control Staff:
<b>P.S.F.U. (Plan):</b> Date: _____ Time: _____		<b>Contact Info:</b> Telephone No: _____ (Home/Business/Mobile) Email: _____	
<b>P.S.F.U (Actual):</b> Date: _____ Time _____		Customer: Owner / Family / Other ( _____ )	
<b>P.S.F.U (GJ) :</b> <input type="checkbox"/> Fixed <input type="checkbox"/> Followup Status (Follow up Again) Date: _____ Time: _____ <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____		Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: ABDULAZEEZ ADAVIRUKU YUSUFF	

