



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

Customer Name/ID: SALINI NIGERIA LIMITED / KJ446364	Date: 22nd Apr, 2022
Organization: SALINI NIGERIA LIMITED	Reg. No: GWA 208 AT
Vin/Chasis No: JTECJ09J005511096	Odometer Reading: -----KM
Phone Number: 08159115701	E-mail:
Vehicle Make: TOYOTA LANDCRUISER	Model Number:
Address: 16 BLACENTRAL STREET WUSE 2 ABUJA	

Item Description	Quantity
ENGINE OIL	10
OIL FILTER	1
SPARK PLUGS	6
SERVICING OF NOZZLES	1
VALVE COVER SEAL	1
SEALANT GUM	1
RADIATOR	1
FUEL PUMP	1
FUEL FILTER	1
AIR FILTER	1
FRONT BRAKE PAD	1
REAR BRAKE PAD	1
AIR HOSE	1
SPIRAL CABLE	1
MASTER SWITCH	1
HORN	1
ALTERNATOR	1
A/C COMPRESSOR	1
A/C CONDENSER	1
EXPANSION VALVE	1
A/C GAS	3
A/C FLUSHING GAS	1
COMPRESSOR OIL	1
HEAD LIGHT BULB	1
BRAKE LIGHT BULB	1
75 AMPS CAR BATTERY	1
REPAIR OF BODY ECU	1

	Additional Job Completion: <input type="checkbox"/> Value: <input type="checkbox"/> Project Estimate/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/>
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1	2	Signed 1 Date: _____ Time: _____ Signed 2 Date: _____ Time: _____	<input type="checkbox"/> Job Details Explanation : <input type="checkbox"/> <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: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 Notifcaxtion: <input type="checkbox"/> <input type="checkbox"/>				
Change of Delivery Time:			Job Time:		
Additional Jobs /Job Stoppage/Others			Job Start: Date _____ Time _____		
Completion Changed: _____			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) : <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Followup Status (Follow up Again Date: _____ Time: _____ <input type="checkbox"/> <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____			Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: SAMUEL YUSUF FUNDA		