



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: 14th Jul, 2022
Organization: SALINI NIGERIA LIMITED	Reg. No: GWA 209 AT
Vin/Chasis No: JTMHT05J5A5066754	Odometer Reading: 145963KM
Phone Number: 08159115701	E-mail:
Vehicle Make: Toyota Landcruiser	Model Number: UZJ200L-GNAEKV
Address: 16 BLACENTRAL STREET WUSE 2 ABUJA	

Item Description	Quantity
ENGINE OIL	10
OIL FILTER	1
SPARK PLUGS	8
AIR FILTER	1
ATF OIL	8
SERVICING OF NOZZLE AND THROTTLE BODY	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"/>	
1 <input type="checkbox"/> Cleanliness (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 Setting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notification: <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: Date: _____ Time: _____ Customer: _____
Change of Delivery Time: Additional Jobs /Job Stoppage/Others Completion Changed: _____		Job Time: 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>P.S.F.U (GJ) :</p> <p><input type="checkbox"/><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/><input type="checkbox"/> Followup Status (Follow up Again</p> <p>Date: _____ Time: _____</p> <p><input type="checkbox"/><input type="checkbox"/> Not Fixed (Appointment Date/Time)</p> <p>Date: _____ Time: _____</p>	<p>Staff Name: _____</p> <p>Confirmed By: _____</p> <p>Supplied By: _____</p> <p>Issued By: _____</p> <p>Order By: OGHALE GIFT USIAKPENEBRO</p>
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