



# ARKANA SOLAR

## Job Card

Customer name:		Job Date:		Job Time:	7am
Customer address:					
Phone:		House Type:		Roof Type:	SEE ADMIN NOTES FOR INSTALLER BELOW
CEC installer/ Designer:		Electrical Licence & CEC accreditation:			

System Details:	Item Name:	Quantity:	Item Branding:
	Solar Inverter		
	Solar Panels		
	Hot water timer		
	Surge protector		
	Full switchboard upgrade		
	12 pole upgrade		
	Backing board		
	Tilt		
Admin Notes for installer:			

Installers please complete the below checklist		
If YES, tick box to indicate you have completed these forms. If NO, write reason in notes		
Photos Taken	Yes / No	Notes from Installer:
Risk Assessment Form	<input type="checkbox"/>	
Commencement of Work Order	<input type="checkbox"/>	
PV System Performance Estimate	<input type="checkbox"/>	
Pre & Post Install Property Condition Report	<input type="checkbox"/>	
Signed STC Form	<input type="checkbox"/>	
ALL Panel & Inverter Serial Numbers	<input type="checkbox"/>	
Certificate of Testing and Compliance	<input type="checkbox"/>	
Electrical Work Request Form		
Install Checklist	<input type="checkbox"/>	
Cash/ Cheque Collected	<input type="checkbox"/>	
Hours to complete if unfinished _____Hrs		
Does Customer need to be home if unfinished	Yes / No	
Are all tiles pulled back	Yes / No	
Is job totally complete	Yes / No	