

COMPLETION REPORT

Customer: _____ Address: _____
 Installer: _____

The customer agrees that IKEA has fulfilled its obligations under the applicable Agreement for Installation Services, along with any changed notes agreed upon between customer and IKEA and that no further work is required beyond what is indicated here.

1. Walkthrough

Overall satisfaction (you will receive a detailed survey in a few days):

1 2 3 4 5
 Very unsatisfied Acceptable Exceeded expectations

Customer	Installer	Customer	Installer
Appliance spacing correct (see start notes)	All cabinets are level		
No damage to appliances	No damage to floors		
All doors and drawers adjusted	All handles installed		
All filler strips installed	Photos taken		
Distance between cooking surface and bottom of micro-hood meets customer's specs:			

2. Additional work to be completed to finish the contracted task:

3. Missing items (indicate "none" if none)

Article description	Article number	Color	Number damaged (a)	Number missing (b)	Number to order (a)+(b)	Number currently on jobsite

All items and services necessary to complete the services are indicated above. To schedule a return trip, please call 1 (720) 214-4064 or e-mail dl.ihs.customerserviceteam.us@ingka.com to set up a date.

Customer signature: _____

Installer signature: _____

