

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: _____