

## REPORT SHEET

Job no. \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Site contact \_\_\_\_\_ Report by \_\_\_\_\_  
 Site address \_\_\_\_\_  
 Job scope \_\_\_\_\_

### EQUIPMENT MAKES, MODELS & SERIALS

### DETAILS, FAULTS, COMMENTS & RECOMMENDATIONS

	Yes	No	N/A	
Works complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fully operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Left clean & tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Photos/videos taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	