



Date: _____

Job #: _____

PO #: _____

WORK ORDER

CUSTOMER:	PHONE:
ADDRESS:	CONTACT NAME:

DETAILS OF WORK PERFORMED :

PARTS SUPPLIED AND/OR INSTALLED: (PLEASE SPECIFY ALL MAKES & MODEL #'S)

QTY	PART NO.	DESCRIPTION

AUTO DOORS WALK-THROUGH INSPECTION:

THIS SECTION MUST BE COMPLETED FOR ALL AUTOMATIC DOOR SERVICE CALLS

	TECH	MGR	* INITIALS *
PROPER WALK-THROUGH INSTRUCTION STICKER(S) AFFIXED			
WALK THROUGH PERFORMED WITH MANAGER			
TECH PROVIDED INSTRUCTIONS TO MANAGER ON HOW TO PERFORM DAILY WALK THROUGH			
SIGNING MANAGER IS RESPONSIBLE FOR TRAINING MANAGEMENT TEAM			

SAFETY: THIS SECTION TO BE COMPLETED FOR ALL SERVICE CALLS

	YES	NO	N/A
HAVE ELECTRICAL LOCKOUTS BEEN PERFORMED			
HAVE PEDESTRIAN/TRAFFIC BARRIERS BEEN PLACED			
HAVE YOU SECURED LADDERS / SCAFFOLDING			
ARE TOOLS / EQUIP. IN GOOD WORKING ORDER			
IS YOUR PERSONAL SAFETY EQUIP. ON			
ARE UTILITY LOCATES VISIBLE			

THANK YOU

WORK COMPLETED TO CUSTOMER'S SATISFACTION

X _____
technician's signature

X _____
please print

DATE:
TIME IN:
TIME OUT:
COMPLETE
INCOMPLETE

X _____
customer's signature

X _____
please print