

Project Information

Project/Job Title: _____ Project Number: _____

Client Details

Client/Main Contractors: _____

Site Address: _____

Postcode: _____

Phone: _____ Fax: _____

Mobile: _____ Client/Site Manager: _____

Engineer/Installer Company: _____

Our Contract Manager: _____ Signed: _____

Start Date: _____ Completion Date: (Provisional) _____

Job Schedule/Equipment to Install

Special Instructions/Additional Information

Documents etc. Attached

- | | |
|--|--|
| <input type="checkbox"/> Job Information Sheet | <input type="checkbox"/> Time Sheets |
| <input type="checkbox"/> Commissioning Schedules | <input type="checkbox"/> Drawings Issue Record |
| <input type="checkbox"/> Statement of Acceptance x 2 | <input type="checkbox"/> O & M Manual |

Other: _____

Provision of Services by Client

Service	Type/Remarks	Provided
Electricity	_____	_____
Water	_____	_____
Access Tower	_____	_____
Drainage	_____	_____
Other	_____	_____

