



Facilities Maintenance and Environmental Services

Contractor Work Completion Report for Plumbing/Fire Sprinkler Systems

This form is to be used only after all work has been completed

This form must be signed off on by a Salaried Member of Management (Store/Club Manager, Co. Manager, Assistant Manager) and WILL NOT be accepted if signed off by anyone else.

Store/Club # _____

STORE STAMP HERE

Location: _____

Work Order: _____

Date of Service: _____

Call Service Channel to IVR upon arrival and leaving:

Time In _____ (Mgr Initials _____)

Time Out _____ (Mgr Initials _____)

Closing Authorization # _____

(Service Channel ph: 1-877-563-0589, Pin #310329. Use WO# assigned. Choose appropriate check-out option.)

Number of Backflow devices tested: _____

Backflow test report submitted to (AHJ) : _____ on _____

Via: Email Mail Fax

Additional work needed: _____

Please submit proposal for additional work upon testing completion.

- 1. Was the quality of work satisfactory? YES NO
2. Was contractor cooperative with you? YES NO
3. Was clean up of completed work area satisfactory? YES NO
4. Was all work described above completed? YES NO
5. Overall Performance: EXCELLENT GOOD POOR
6. If (NO) is used on any of the above questions, please describe:

7. Other Comments: _____

Manager Signature

Contractor Signature

Manager Signature-Printed

Contractor Signature- Printed

Date

Date