

CUSTOMER SATISFACTION CHECK LIST

JOB: No.:

CUSTOMER NAME: _____

ADDRESS OF PROPERTY: _____

Please initial to acknowledge each check point then sign and date below to confirm your satisfaction with the installation:

- I hereby agree that the works carried out by the fitter has been fully completed in accordance to specification,
- I checked and there has been no damage to property and the property left as found,
- Unless safe by design, the child safety fittings have been installed,
- The fitter left the area clean and tidy,
- The fitter has also demonstrated how to safety operate the product(s).

CUSTOMER SIGNATURE: _____ DATE: _____

COMMENTS: _____

Thank You!