

Job Inspection Form

Job Address	
Client's Name & Number	
Client's Email Address	
Inspection Date & Time	
RELEVANT INFORMATION	
Sketch (Specify exact location and dimensions)	

RELEVANT INFORMATION	
SOW (List all relevant scopes per location)	

List Recommended Trade vs Duration			
SCE Labour vs. Duration		Subbie vs. Duration	
A.	A.	a.	a.
B.	B.	b.	b.
C.	C.	c.	c.
D.	D.	d.	d.
E.	E.	e.	e.
F.	F.	f.	f.
G.	G.	g.	g.
H.	H.	h.	h.
Job Start Date and Time			
Material Supply Details			
<input type="checkbox"/> Custom _____		<input type="checkbox"/> In Stock	
<input type="checkbox"/> Lead Time / Specify _____		<input type="checkbox"/> No Lead Time	
List Recommended Material vs. Supplier			
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
6.	6.		
7.	7.		
8.	8.		
9.	9.		
10.	10.		
Special Requirements (List all details)	<input type="checkbox"/> Furniture Relocation <input type="checkbox"/> Temporary Accommodation <input type="checkbox"/> Storage Requirement <input type="checkbox"/> Special Tools <input type="checkbox"/> Asbestos Removal <input type="checkbox"/> EWP <input type="checkbox"/> Access Requirements / Restrictions <input type="checkbox"/> Assumptions _____ <input type="checkbox"/> Other _____		
Defect List (Inc. photos)	1. 2. 3. 4.		
Client Name and Signature		SCE Rep Signature	
Signature:		Signature:	
Name:		Name:	