



Facilities Maintenance and Environmental Services

Contractor Work Completion Report for Canopy Repair Project

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

This form must be signed off on by a Store/Club Manager or any salaried member of Management assigned by Store/Club Manager

This Form (**Will Not**) be accepted if signed off by anyone other then a Salaried Member of Management (Store/Club Manager, Co. Manager, Assistant Manager)

Store/Club # _____

STORE STAMP HERE

Location: _____

Work Order: _____

Start Date: _____

Quote: _____

Completion Date: _____

Were Store Shopping Carts Used As Barricades by Contractor: YES NO

If Yes How Many: _____

Scope of Work That Was Completed:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Was the quality of work satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was contractor cooperative with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was clean up of completed work area satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was all work described above completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall Performance: EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> | | |
| 6. If (NO) is used on any of the above question please describe: _____ | | |

7. Other Comments: _____

Manager Signature

Contractor Signature

Manager Signature-Printed

Contractor Signature- Printed

Date

Date