WAL★MART realty

Facilities Maintenance and Environmental Services

Contractor Work Completion Report for Plumbing/Fire Sprinkler Systems

This form is to 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 #_____

Location: _____

Work Order: _____

Bid Amount: _____

Start Date: _____

Completion Date: _____

STORE STAMP HERE

_____

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?	☐	☐
2.	Was contractor cooperative with you?	☐	☐
3.	Was clean up of completed work area satisfactory?	☐	☐
4.	Was all work described above competed?	☐	☐

5. Overall Performance: EXCELLENT ☐ GOOD ☐ POOR ☐
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