

Your business name

Logo, ABN, address, phone and email

Job Sign-Off Sheet

Completed work checked and accepted on site

JOB NO.	CUSTOMER ORDER / PO NO.	DATE
CUSTOMER	SITE CONTACT AND PHONE	
SITE ADDRESS		
INSTALLED OR DELIVERED BY	APPROVED PROOF VERSION AND DATE	

Work completed

ITEM AND DESCRIPTION	QTY	WHERE ON SITE	CHECKED
			☐
			☐
			☐
			☐
			☐
			☐

Checked with the customer

CHECK	YES	NO	N/A
Installed in the agreed position and at the agreed height	☐	☐	☐
Level, straight and securely fixed	☐	☐	☐
Quantity matches the job	☐	☐	☐
Colours, wording and finish match the approved proof	☐	☐	☐
Protective film removed and signs cleaned	☐	☐	☐
Illuminated signs tested, and the customer shown the switch or timer	☐	☐	☐
Site left clean: packaging, offcuts and dust removed	☐	☐	☐
Existing damage was noted and photographed before work started	☐	☐	☐
Before and finished photos taken	☐	☐	☐

Outstanding items

ITEM OR ISSUE	AGREED ACTION	BY (DATE)

Checked and accepted in good order, except for anything listed under Outstanding items.

Customer or site representative

NAME (AND ROLE, IF NOT THE CUSTOMER)

SIGNATURE

DATE

Installer

NAME AND COMPANY

SIGNATURE

DATE

Office use: ☐ Sheet filed with the job ☐ Photos filed with the job ☐ Outstanding items booked ☐ Invoiced