

SERVICE TICKET



IHG Consulting LLC

PO BOX 190
BARDSTOWN, KY 40004
(502) 727-9356

DATE _____
JOB # _____
JOB NAME _____
ADDRESS _____

CONTACT _____

DESCRIPTION:

STOCK MATERIAL	QUANTITY

TICKET #	VENDOR

FILL OUT REVERSE SIDE OF THIS SHEET

SERVICE TICKET

EQUIPMENT	VENDOR	TICKET #

EMPLOYEE	DATE	TIME IN	TIME OUT

Circle Y or N for the following questions:

- Was a permit acquired for this project? **Y / N** If yes, did the project pass inspection? **Y / N**
- Did you use a scissor lift for this project? **Y / N**
- Was heavy machinery used on this project? **Y / N** If yes, what was used? _____
- If stock wire was used, have you recorded the footages? **Y / N**
- Did you acquire material from a supply house? **Y / N** If yes, record ticket # and vendor on reverse side.
- Has the work site been cleaned of debris caused by work? **Y / N**

Review entire service ticket with customer concerning work completed each day.

Has the customer signed the completed service ticket? **Y / N**

SERVICE TECH SIGNATURE
DATE

CUSTOMER SIGNATURE
DATE