



# 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