

# JOHNSONITE INVESTIGATION REPORT

Date of Report: \_\_\_\_\_

RG: _____
RG Code: _____
For Customer Care Use Only

JOHNSONITE DISTRIBUTOR

CONTRACTOR

Name:	_____
Address:	_____
Phone/E-mail:	_____
Contact:	_____

JOB NAME / END USER: \_\_\_\_\_

PROBLEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRODUCT: \_\_\_\_\_

\_\_\_\_\_

MFG DATE OF PRODUCT: \_\_\_\_\_

SAMPLE AVAILABLE:  YES  NO

JOB INSPECTED BY: \_\_\_\_\_

Johnsonite B/L: _____
Customer P.O. #: _____
Date Purchased: _____
Qty Purchased: _____
Installation Date: _____
Qty Installed: _____
Qty Defective: _____
Date Defect Noted: _____

## JOB SITE INFORMATION

Are there windows? If so, what direction do they face? \_\_\_\_\_

What type of maintenance is performed and how often? \_\_\_\_\_

What type of traffic does product see? \_\_\_\_\_

What adhesive was used? \_\_\_\_\_

What would the end user like us to do? \_\_\_\_\_

Labor estimate \_\_\_\_\_

COMMENTS / RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_