

# PROJECT COMPLETION CHECKLIST

PRODUCT INFO

\_\_\_\_\_

\_\_\_\_\_

**PROJECT NAME** \_\_\_\_\_

**CLIENT NAME** \_\_\_\_\_

**PROPERTY ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**INSTALLER'S NAME** \_\_\_\_\_

**DATE COMPLETED** \_\_\_\_\_

- System has been tested and is fully operational
- Visual inspection complete of all beams, gutters and blades with no visible damage
- Remotes received by Client, Quantity: \_\_\_\_\_
- Roof Remote/ wall switch working
- LED Remote/ wall switch working
- Downpipes connected unless NZL specified
- Rain Sensor tested & location identified: \_\_\_\_\_
- \_\_\_\_\_
- Control unit location identified: \_\_\_\_\_
- \_\_\_\_\_
- Working area cleaned of debris and left in a respectful manner
- Warranty & Maintenance information explained
- Client has been given copy of the FAQ's
- Photos of completed Job
- Photos for engineering, (posts footings, fixings, details)
- Does the client give permission to use photos of installation on our marketing platforms, please note we will only include your region and no other personal details.
- Yes! Please include installation images for marketing purposes.**
- No. Prefer you didn't use images for marketing.**

Client/ Representative Name & Surname

\_\_\_\_\_

Client/ Representative Signature

\_\_\_\_\_

Date

NZ Louvres Representative Name & Surname

\_\_\_\_\_

NZ Louvres Representative Signature

\_\_\_\_\_

Date

WORK TO BE INVOICED		AMOUNT TO BE INVOICED
Louvre Roof	<input type="checkbox"/>	_____
LED Lights	<input type="checkbox"/>	_____
Electrical	<input type="checkbox"/>	_____
Plumbing	<input type="checkbox"/>	_____
Flashings	<input type="checkbox"/>	_____
Repair	<input type="checkbox"/>	_____
Panels	<input type="checkbox"/>	_____
Ziptrack blinds	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	_____

Electrician Name \_\_\_\_\_  
 Electrician Contact # \_\_\_\_\_

Plumber Name \_\_\_\_\_  
 Plumber Contact # \_\_\_\_\_

Ziptrak / Panels \_\_\_\_\_  
 Measurements \_\_\_\_\_

Is this a NZ Louvres Claim ( YES / NO ) \_\_\_\_\_

Claim Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by \_\_\_\_\_