

# JOB SHEET

Doc 29 -2



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Quality  
Endorsed  
Company

<b>PO / EWO #</b>		<b>DATE</b>	
<b>TECHNICIAN</b>			
<b>CUSTOMER</b>			
<b>SITE ADDRESS</b>			

WORKS COMPLETED

EQUIPMENT INSTALLED / REMOVED			
Item	Serial No	Qty	I/R*

\* I/R: I = Installed, R = Removed

TIME			
Technician	Start Time	Finish Time	Billable Hours

TRAVEL
If travel is chargeable, what is the total distance travelled for this Work Order?
Km

NOTES

TESTING & COMMISSIONING
Detail any Test Procedures conducted and the results:

TECHNICIAN SIGN OFF
By Signing Below, I confirm that the works described in this document have been completed to a high standard of workmanship and in accordance with all applicable regulations
_____ Signature

CUSTOMER SIGN OFF / SATISFACTION
By Signing Below, I confirm that the works described / goods supplied have been supplied to my satisfaction
_____ Signature
_____ Name

Please take a moment to grade our performance:	YES NO NA		
	Was the Tech on Time?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Tech clean up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the works explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the work to a high standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you satisfied with the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>