



Movable Wall Panel Completion Certificate

Client: _____
 Site Address: _____

Please Remember to report any accident or incident no matter how small! more info here →



Installation Engineers Report:

	Yes	No	Additional notes
Wall posts checked and secured?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Partition panels checked and adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Partition clean and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operating handle(s) handed over to client?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys for lockable doors given to client? (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you demonstrated the system fully to the client?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the client fully understood the correct operation of the partition?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Information

Client Acceptance Of Works Carried Out: **Must be filled out correctly and in full please!**

I confirm that the above works have been carried out to my satisfaction and I have inspected the works.
 Was the area left clean and tidy? _____ Were our engineers professional and helpful? _____
 Were you given a full demonstration of the wall? _____

Comments/outstanding work:

Clients Signature: _____ Clients Name (Print): _____
 Acting in the capacity of: _____ Working for/on behalf of: _____
 Date: _____

If the client is not available on site to sign off the handover the installer must complete the below section

Engineer's Sign Off

Engineer: _____ Date: _____
 Comments: _____
