



DATE: _____ COMPLETED BY: _____

SHIPPER NAME: _____ REG #: _____

ARRIVAL TIME: _____ DEPARTURE TIME: _____

TRUCK #: _____ TRAILER #: _____

DRIVER & CREW: _____ ON TIME? Y / N

_____ IN UNIFORM? Y / N

_____ RATE DRIVER & CREW 1-5 ____ (5 being best)

COMMENTS: _____

THREE EXPECTATIONS:

1. _____ Y / N / NOT SURE

2. _____ Y / N / NOT SURE

3. _____ Y / N / NOT SURE

CARE OF RESIDENCE & GOODS:

1. Floor protection / Rug runners Used? Y / N

2. Door jamb protection? Y / N

3. Boxes properly labeled? Y / N

4. Inventories / Bingo Used? Y / N

5. High Value Inventory Used? Y / N

6. Parts Box Used? Y / N

RATE WORK BEING PERFORMED 1-5 _____

(5 being best)

COMMENTS: _____

THIRD PARTY SERVICES:

1. On site during visit? Y / N

2. In uniform? Y / N

3. Performing satisfactory work? Y / N

4. Equipment appearance acceptable? Y / N

RATE THIRD PARTY SERVICES 1-5 _____

(5 being best)

COMMENTS: _____

CUSTOMER'S OVERALL DISPOSITION:

ISSUES / CONCERNS / CORRECTIVE ACTION:
