

Turnover Meeting Form

Date _____ Job Name _____ Job Number _____

Clients Names _____

Job Address _____

Sales Person _____

- Job Folder
 - Sales Contract
 - Job Specs
 - Estimate
 - Plans
 - Permit
 - Sub-Contractor Contracts
 - Electrical
 - HVAC
 - Plumbing

- Review Plans
 - General Overview
 - Potential Problem areas _____

- Review Specs
 - Potential Problem areas _____

- Review Budget
 - Potential Problem areas _____

<input type="checkbox"/> Review Selections	Yes	No	Who?	Date
<input type="radio"/> Plumbing Fixtures	_____	_____	_____	_____
<input type="radio"/> Electrical Fixtures	_____	_____	_____	_____
<input type="radio"/> Ceramic Tile	_____	_____	_____	_____
<input type="radio"/> Paint colors	_____	_____	_____	_____
<input type="radio"/> Hardware	_____	_____	_____	_____
<input type="radio"/> Roof Shingles	_____	_____	_____	_____
<input type="radio"/> Appliances	_____	_____	_____	_____
<input type="radio"/> Flooring	_____	_____	_____	_____

Impressions of Clients _____

Difficult Site Conditions _____

Misc. Notes _____
