

Job Evaluation Form



Job Name _____ Date of Completion _____

Job Address _____ Phone Number _____

Type of Project

Build Up	<input type="checkbox"/>	Asphalt Shingles	<input type="checkbox"/>	Wood	<input type="checkbox"/>
Metal Roof	<input type="checkbox"/>	Single Ply	<input type="checkbox"/>	Other	<input type="checkbox"/>
Slate	<input type="checkbox"/>	Gutter/Downspout	<input type="checkbox"/>		<input type="checkbox"/>

Please rate the following: 1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

The job was completed in a timely manner

1	2	3	4	5

The property was cleaned of all job material

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The workmanship was neat

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Was there any damage to the property?
If so, what damage was done?

Yes No

What action was taken to correct the problem?

The repair was done to your satisfaction

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What is your overall rating of the job?

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Is there anything we need to go back and do?

Comments _____

Date of Approval : _____

Customer Signature: _____

