Project: ________________________________

Insert Job Name Here

Over, Short, Damage Report

Questions? Call ProFillment @ 316-260-7910

Room Number	Item	Description of Problem	Responsible Party	Completed By

Project Accepted By:(please print and sign)____

Installed By:____ **Date:**______________________

Note: Use as many lines as needed to accurately describe the problem and how it happened. This report is the sole responsibility of the installer and all problems must be documented. A signature of the Property Manager or Responsible party must be included. Fax to ProFillment @ 316-260-7915.