



PROCESSING CENTER:
198 LOCUST ST. SOUTH
TWIN FALLS, ID 83301
(208)-733-4221
(208)-733-4308 FAX – TWIN FALLS

JOB COMPLETION AND APPROVAL FORM

PROJECT NAME AND LOCATION: _____

PROJECT OWNER / MANAGER / SUPERVISOR: _____

EQUIPMENT TYPE INSTALLED: _____

INSTALL / START UP DATE: _____

(COMPLETE ATTACHED "PUNCH LIST" IF NECESSARY)

THE UNDERSIGNED PROJECT REPRESENTATIVE AND B S & R DESIGN & SUPPLIES MANAGER HAVE CONDUCTED A FINAL WALK THROUGH INSPECTION AND AGREE THE JOB HAS BEEN COMPLETED IN A SATISFACTORY MANNER.

AUTHORIZED PROJECT REPRESENTATIVE

TITLE / POSITION

DATE

B S & R DESIGN & SUPPLIES MANAGER

DATE

BSR DESIGN & SUPPLIES

“PUNCH LIST” (ITEMS TO BE COMPLETED PRIOR TO FINAL WALK THROUGH)

PLEASE LIST AND CHECK OFF AS COMPLETED.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

INITIAL FOR PROJECT _____

INITIAL FOR BSR DESIGN & SUPPLIES _____