

TRANSPORT DELIVERY CHECKLIST

Location: _____ **Date:** _____ **Flooring Source:** _____ **Manufacturer:** _____
Model: _____ **Year:** _____ **SN #:** _____ **Size:** _____ **Furnace SN#** _____
Customer Name / Stock _____ **Invoice Amount:** _____ **Zone:** _____

ARE THERE PARTS IN HOME? YES OR NO **FAX TO CENTRAL OFFICE:**
 1) FRONT & BACK CHECK SHEET. 2) DRIVER'S CHECK SHEET. 3) PARTS INVOICES

KEY: **S-SATISFACTORY** **D-DAMAGED** **M-MISSING**

Exterior	S	D	M
Front Light Fixture			
Back Light Fixture			
Hitch End Light Fixture			
Siding & Trim			
Soffit			
Fascia			
Window Glass			
Window Screens			
Shutters			
Front Door			
Front Storm Door			
Rear Door			
Rear Storm Door			
Sliding Patio / SCR			
Hinged Patio / No SCR			
Roof			
Gutter			
Fireplace Pipe / Cap			
Roof Vents / Caps			
Outriggers			
Floor Insulation			
Tires	#	Flats	
Sky Lights			

Interior	S	D	M
Doors / Frames			
Locksets			
Interior Storm Window			
Mini Blinds			
Curtains / Drapes			
Carpet			
Vinyl Floor-Kitchen			
Vinyl Floor-Dining			
Vinyl Floor-M/Bath			
Vinyl Floor-2/Bath			
Vinyl Floor-Utility			
Vinyl Floor-Foyer			
Interior Walls			
Master Bath-Tub			
Shower			
Cabinets			
Toilet			
Kitchen Cabinets			
Appliances			
Mirrors			
Light Fixture / Globes			
Ceiling Fans / Globes			

Count **# Missing**
 _____ _____ *Describe on Page 2 & Drivers Check Sheet*

Remember, all damage & missing items must be written on Driver Check Sheet in addition to this sheet. If you need more room than allotted on Driver Check Sheet, turn it over & write on back & note on front side, see back side of this for further damages. If you write on back of Driver Check Sheet, make copy of front & back. Make sure you fax the front & back to the central office.

Inspected By: _____ **Date:** _____

