

Barefoot & Company, Inc.

Date Ordered:		Meas:	
Contractor:		Install:	
Job Address:			
Superintendent:		Plan:	
Phones:			

BLINDS/SHUTTERS/SHADES JOB INSPECTION FORM (NHQ Sheet)

VERIFICATION & STATUS OF WORK	OBSERVATION
Job Ready Veriication (Y or N)	<small>*use blank space to note discrepency/issue & action taken</small>
Blinds/Shades/Shutters <input type="checkbox"/> Window Casing <input type="checkbox"/> Paint <input type="checkbox"/> Window Sills <input type="checkbox"/> Doors Installed (if applicable) <input type="checkbox"/> Drywall	Discrepancy: Action Taken: Name & Date:

Work In Process (Y or N)	
<input type="checkbox"/> Safety Equipment Checked	Name & Date:
<input type="checkbox"/> Installation Area Checked	

Self/Final Inspection (Y or N)	
<input type="checkbox"/> Self Inspection Complete	Name & Date:
Issue:	
Action taken:	

Area Manager Final Inspection (if applicable)			
<input type="checkbox"/> Self Inspection Complete	Name & Date:		
<input type="checkbox"/> Safety Inspection Complete			
Issue Monthly Hotspot Identified Here <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="padding: 0 10px;">YES</td> <td style="padding: 0 10px;">NO</td> </tr> </table>		YES	NO
YES		NO	
Qualified Inspector Signature & Date:			

NOTES/PROBLEMS (use other side if necessary):

All noted problems and outstanding items have been completed:

Signature & Date:	
QAR	

BLINDS	Valence level and valence returns are attached. Cord length acorrect and adjusted. Blind tilted for proper operation. Blind length is correct and bunched slats are removed as needed.
SHUTTERS	Hinge pins are completeley down. Louvres and slats are level. Panels close correctly and are nto tight or rough at closing. Chalk as needed. Magnets are installed corretly for proper shutter closure.
SHADES	Check shade operation for proper movement up and down. Cords are properly attached. Shade checked for spacers.
ALL	Barefoot Area Manager has been notified of any problems.