

Claim #:	<input type="text"/>	Date Opened:	<input type="text"/>
Nature of Claim:	<input type="text"/>	Date Completed:	<input type="text"/>
Manufacturer:	<input type="text"/>	Technician:	<input type="text"/>
Retailer:	<input type="text"/>	Person Present:	<input type="text"/>

### Home Owner Contact Information

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Home Owner Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Initial Comments:	<input type="text"/>		
Home Owner Comments:	<input type="text"/>		

### Inspection Findings\*

Inspection Results:	<input type="text"/>
Tech Recommendations:	<input type="text"/>

## Square Test

Y ☐ N ☐

Out-of-Square Measurement:

## Level Test

Y ☐ N ☐

Details:

## Plumb Test

Hinge Jamb: Y ☐ N ☐

Latch Jamb: Y ☐ N ☐

Details:

Details:

## Properly Shimmed

Y ☐ N ☐

Details:

## Reveals

	Active	Inactive
Hinge Jamb	<input type="text"/>	<input type="text"/>
Latch Jamb	<input type="text"/>	<input type="text"/>
Head Jamb	<input type="text"/>	<input type="text"/>

Details:

### Inspection Information

Six Sides Finished Test:	Y <input type="checkbox"/> N <input type="checkbox"/>	Exposure:	<input type="text"/>
Jambs Painted or Sealed:	Y <input type="checkbox"/> N <input type="checkbox"/>	Overhang:	<input type="text"/>
Properly Caulked Test:	Y <input type="checkbox"/> N <input type="checkbox"/>	Door Color:	<input type="text"/>
2-1/2Inch Screws Present:	Y <input type="checkbox"/> N <input type="checkbox"/>	Threshold Color:	<input type="text"/>
Water Spray Test:	Y <input type="checkbox"/> N <input type="checkbox"/>	Hinge/Caming Color:	<input type="text"/>

### Unit Measurements

	Active	Inactive	Left Sidelite	Right Sidelite
Door Slab Dimensions:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Top Hinge Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Hinge Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Hinge Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th Hinge Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deadbolt Bore Location:	<input type="text"/>			
Handset Bore Location:	<input type="text"/>			

Jamb Width	<input type="text"/>	Latch Jamb Height	<input type="text"/>	Hinge Jamb Height	<input type="text"/>
Head Jamb Length	<input type="text"/>	Threshold Length	<input type="text"/>		

### Completed Repairs

Details:

Details:

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