



REPAIR ASSESSMENT

RA # **County** _____ **Initiated By** _____
Builder _____ **Salesperson** _____ **Creation Date** _____
Community _____ **Customer Name** _____ **Customer Phone** _____
Lot # _____ **Address** _____
Orig Invoice# _____ **Superintendent** _____ **Bldr Phone** _____
Orig Installer _____ **Orig Install Date** _____

PRODUCTION **SERVICE**

Areas Affected **Material(s) Affected** **Detailed Problem Description** **Assessment Date**

- MBR MBATH CARPET
- BR1 BATH1 VINYL
- BR2 BATH2 WOOD
- BR3 BATH3 TILE
- BR4 BATH4
- BR5 BATH5
- HALL FAMILY **Bill To**
- DIN STUDY BUILDER
- LIV FOYER INSTALLER
- BSMT FPLACE HOMEOWNER
- KITCHEN LAUNDRY SUPPLIER
- GAME OTHER 1 WARRANTY
- LIBRARY OTHER 2 OTHER

Dustless Req'd

Digital Photo Taken YES NO

Problem Code(s)

Material Requirements	QTY	Unit Price	Price Extended	Stain / Finish	On Site ?		Demo Req'd	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Priority Level Same Day Next Day 2 Days 3-5 Days 1-2 Weeks 2+ Weeks
Requested Schedule Date **PO Number**
Schedule Contact Builder Superintendent Builder Warranty Dept Homeowner
Assessment Completed By _____ **Area** _____

Special Instructions

Call History

Date	Result
_____	1st _____
_____	2nd _____
_____	3rd _____