

One Third Drain Refill £349 For up to 4 hours £25 each ¼ hour thereafter

| | | | |
|-----------------------|--|----------------------------|--|
| Date of Alert: | | Taken By: | |
| Customer Name: | | Date of Repair: | |
| | | Technician: | |
| | | Spa Serial No: | |
| | | Confirm Serial No: | |
| | | Spa Model, Year | |
| POSTCODE: | | Installation Date | |
| Phone 1: | | Position | |
| Phone 2: | | Situation | |
| Phone 3: | | Registered Warranty | |
| Email: | | Payment Details: | |
| Comments: | | | |
| | | | |

Schedule of Work

| Description | Done ✓ | Comments |
|--|-----------|----------|
| 1. Inspect all components:- | | |
| • Replace as necessary any faulty parts covered by warranty (parts & time permitting) | | |
| • Report to client on worn or defective parts not covered by warranty and agree cost of remedial work before proceeding in accordance with client's instructions (parts and time permitting) | | |
| 2. Inspect cover-lifting device if applicable | | |
| 3. Inspect cover, clean & treat with vinyl protector. | | |
| 4. Inspect Ozone and De-scale if applicable (Accessory Item) | | |
| 5. Inspect swim jets | | |
| 6. Check Filters – Degrease filters and clean with high-pressure hose to remove calcium deposits | | |
| 7. Chlorinate spa to clean possible bacteria from spa and pipes. 1/3 drain and refill. | | |
| 8. Test water & treat as necessary | | |

If part supplied is not under warranty (excluding consumables) agree price with head office and inform client and place value in box and ask Client to sign that he agrees value.

| Part Number | Description | Qty | Inv/War/FOC | Cost (incl VAT Reg No. 947 9810 69) | Client Signature |
|-------------|-------------|-----|-------------|---|------------------|
| | | | Inv/War/FOC | £ | |
| | | | Inv/War/FOC | £ | |
| | | | Inv/War/FOC | £ | |
| | | | Inv/War/FOC | £ | |
| | | | Inv/War/FOC | £ | |

Additional Comments:

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|-------------------|--|--------------------|--|
| Start Time | | Finish Time | |
|-------------------|--|--------------------|--|

I am satisfied with the Inspection/Service provided:

Client's Signature _____

Date _____