

STANDARD SCOPE OF WORK FORM



Job/Customer Name: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____

Site Inspection

	Condition	Adequate	Needs Re-work	Additional Notes (Description of Concern)
Foundation Support				
Slab				
Crawl Space				
Basement Wall				
Structure of Area				
Flooring/ Joists				
Bracing				
Support Beam				
Walls				
Drywall/ Plaster				
Studding				
Insulation				
Mold				
Plywood Backing				
Water/Waste				
Inlet Piping				
Hot Water Heater				
Drain Line				

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Job/Customer Name: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____

Site Inspection - Continued

	Condition	Adequate	Needs Re-work	Additional Notes (Description of Concern)
Toilet				
Clear Space				
Location				
Height				
Vanity/Sink				
Accessible				
Water/Drain				
Lighting				
Type				
Electrical Condition				
Venting				
Doorway(s)				
Dimension				
Operation				
Flooring Type				
Safety Features				

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Recommendations

	Total Cost	Yes	No	Notes if additional hours needed	Hours at \$
Demolition					
Drywall					
Flooring					
Trim Work					
Electrical					
Plumbing					
Clean Up					

Installation

	Total Cost	Yes	No	Notes if additional hours needed	Hours at \$
Walls					
Structure					
Flooring					
Electrical					
Plumbing					
Fixtures					
Clean Up					

Total Quote = _____

Total Extra Hours needed = _____

Grand Total of Job = _____