



FIELD SERVICES INFORMATION CHECKLIST

Please complete the following requested information and fax to EFCO Corporation to enhance our ability to assess the situation and reduce response time.

To:	Field Services First Response EFCO Fax # 417-235-7313	From:
Company Name:		Time:
Company Fax #:		Date:
Company Phone #:		Pages:
Project Name:		Sales Rep:
EFCO Sales Order #: (0-0000-00):		Field Contact: Phone/Cell #:

Job-Site Address & Ship To Address:

- Description of problem:

- Product type where problem exists:
 Windows Curtain Wall Storefront Automatics
- Reference shop drawing sheet and detail number whenever possible.
- Reference part and/or extrusion numbers whenever possible. (This information can be referenced in the shop drawings as well as the packing list).

- If hardware is involved, state the specific problem. What is the hardware doing or not doing? Is it mislocated and how? Measure and furnish exact dimensions and locations, use reference points on shop drawings whenever possible.

- Can the problem be corrected in the field? If yes, and corrections are desired, EFCO requires the following information.
 - Recommendation. _____
 - Estimated hours. _____
 - Hourly rate breakdown. _____
 - Any other related costs (i.e., material, equipment, etc.) _____

NOTE: If additional space is needed to completely describe any of the above, attach additional sheets. If it is determined that EFCO Corporation will perform the rework, you will be notified accordingly and a schedule established. EFCO will not accept exclusive remedies without prior written authorization from EFCO Corporation.