



Jobsite Checklist

The following information needs to be obtained from the customer when scheduling a jobsite. This form needs to be complete at the time the order is booked, scanned into the Jobsite Folder in M:Scan and the original needs to go to the Lorena / Mayra to enter into the jobsite calendar.

Customer Name: _____ Packing Slip #: _____

Job/Project Name: _____

Delivery Date: _____ Time needed @jobsite: _____ (2 hr. window required for jobsite delivery)

Jobsite Address: _____
City: _____ State: _____ Zip: _____

Shop Address: _____
City: _____ State: _____ Zip: _____

Contact Person Name: _____

Contact Tel: _____ (Must have Contact Name @ the jobsite or shop)

Jobsite Address verified via Google Maps: Yes No

A-frames Needed: Yes No

Forklift/Boom Required: Yes No

Crating Needed: Yes No

Special Instructions: _____

Submitted by: _____ Date: _____ Time: _____

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