

CUSTOMER:		SERVICE LOCATION:	
		CAL TECH	
		391 S Holliston Ave	
		Pasadena, CA, 91135	
CUSTOMER P.O. NO.:	CRANE CAP/MFG.	SERIAL NO.	MODEL/CAT. NO.
CONTACT	HOIST CAP/MFG.	SERIAL NO.	MODEL/CAT. NO.
PHONE NO.	FAX NO.	CRANE NO. & LOCATION	
626-395-4219		L190 40m LAB	

DESCRIPTION OF WORK PERFORMED

PERFORMED ANNUAL INSPECTION ON 2 WALL MOUNTED LIFT CRANES PER AGREEMENT

RECOMMENDATIONS PRODUCT & SERVICES THAT WILL ENHANCE THE CUSTOMER'S BUSINESS - i.e. MODERNIZATIONS

QUOTATION REQUIRED

QTY.	INVENTORY # OR REFER. NO.	PARTS/MATERIAL SUPPLIED											

NAME	DATE			DATE			DATE			DATE			TOTAL HOURS		
	REG.	1.5	2.0	REG.	1.5	2.0	REG.	1.5	2.0	REG.	1.5	2.0	REG.	1.5	2.0
Enzo Gonzalez															

*TOTAL HOURS INCLUDE LABOR CHARGED PORTAL TO PORTAL

ADDITIONAL WORK REQUIRED QUOTATION REQUIRED JOB COMPLETE YES NO

TOTAL HOURS

QUANT.	INVENTORY NO. OR REFER. NO.	PARTS/MATERIAL TO BE ORDERED												INITIALS

EXPENSES SCAFFOLDING _____ SECTIONS TRUCKING TEST WEIGHTS _____ TONS WELDER OTHER

TECHNICIAN SIGNATURE	DATE COMPLETED	AUTHORIZED CUSTOMER SIGNATURE	DATE
<i>[Signature]</i>	05-19-2013	<i>[Signature]</i>	