

INSPECTION PROTOCOL

..... on. /..... /.....

The Customer
(Name of the Company)

Complainant's address

Contact person / phone No.

THE PANELS UNDER COMPLAINT HAVE BEEN INSPECTED:

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FURTHER ACTION UNDER COMPLAINT – customer information

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(recommendations: refund/replacement/other)
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TECHNICAL CONDITIONS

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(Technical requirements to replace glass, e.g., scaffolding, hoist, other)
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.....
POLFLAM representative's
signature and stamp

.....
Customer representative's
signature and stamp