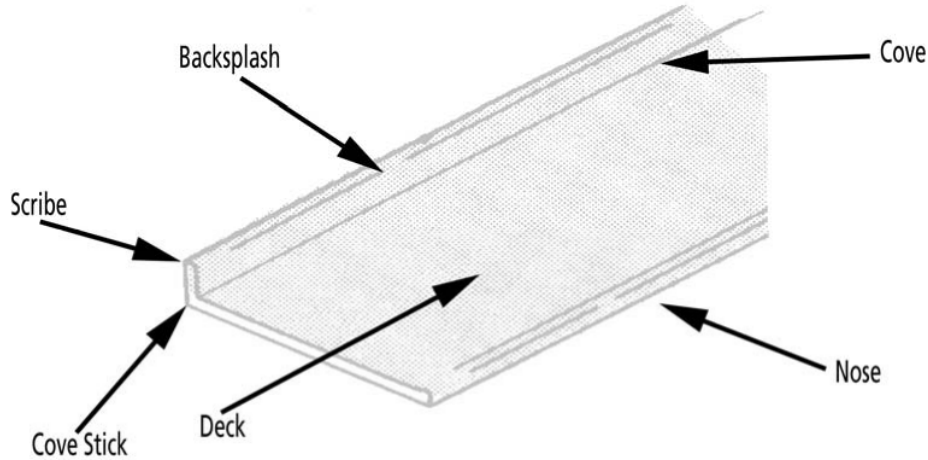




DAMAGE / DEFECTIVE IDENTIFICATION FORM

Customer Name: _____ Contact: _____ Date: ___/___/___
 Purchase Order: _____ Online Order # _____
 Description of Top: _____ Color: _____
 Sales Order # _____ Reorder: Yes No Credit Only
 Item # _____ Run Number _____

Please add references to the diagram below where the damage / defect was found



Location of Damage: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Cracked | <input type="checkbox"/> 11. Dimples | <input type="checkbox"/> 21. Incorrect Depth |
| <input type="checkbox"/> 2. Stress Cracked | <input type="checkbox"/> 12. Warped | <input type="checkbox"/> 22. Incorrect Backer |
| <input type="checkbox"/> 3. Blisters | <input type="checkbox"/> 13. Roller Marks | <input type="checkbox"/> 23. Incorrect Core |
| <input type="checkbox"/> 4. Mislaid/Misindex | <input type="checkbox"/> 14. Bowed | <input type="checkbox"/> 24. Incorrect Miter |
| <input type="checkbox"/> 5. Delamination | <input type="checkbox"/> 15. Profile Problem | <input type="checkbox"/> 25. Incorrect Build up |
| <input type="checkbox"/> 6. Laminate Flaw | <input type="checkbox"/> 16. Backsplash/Depth Variance | <input type="checkbox"/> 26. Incorrect Build down |
| <input type="checkbox"/> 7. Narrow Laminate | <input type="checkbox"/> 17. Incorrect Color | <input type="checkbox"/> 27. Loose Stick |
| <input type="checkbox"/> 8. Chipped | <input type="checkbox"/> 18. Incorrect Finish | <input type="checkbox"/> 28. Short Shipped |
| <input type="checkbox"/> 9. Scratches | <input type="checkbox"/> 19. Incorrect Style | <input type="checkbox"/> 29. Transit Damage (Explain in comments) |
| <input type="checkbox"/> 10. Bumps | <input type="checkbox"/> 20. Incorrect Length | <input type="checkbox"/> 30. Accessories (Explain in comments) |

Comments:

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