

Detailing Quality Control Sign-Off Form

Date

Technician Name

Vehicle Make / Model

License Plate

Work Order / Job #

Item	Pass	Fail	Notes
Exterior Wash & Rinse	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Wheel & Tire Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Interior Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Windows & Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Dash & Console Wiped	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Seats Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Trunk/Cargo Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Spot/ Stain Removal	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Final Walkaround	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Notes

Technician Signature

Date

QC Supervisor Signature

Date