JAMESWAY

Installation Hand Over Form

Date: _____
Site Leader: _____

Site: _____ **Customer:** _____

Expected duration of absence from site: _____

Replacing Technician(s): _____

Equipment to be installed:

Number	**Size**	
		Incubators
		Hatchers

☐ Guardian
☐ Other: _____

Day reached on GANNT chart: _____

☐ Ahead of schedule
☐ Behind schedule
☐ On schedule

Tasks to be completed by Technician and Crew Members

Task	Who

Other Notes: