



Glendale Collision Center, Inc.

DAMAGE QUALITY CONTROL SURVEY TO BE COMPLETED BY OWNER.

Date _____

Claim number _____

Client Name _____

Vehicle Make _____ Model _____ Year _____

Date in ____/____/20____ Date completed ____/____/20____

Total repair amount. _____

Repaired area _____

CLIENT INSPECTION REPORT

1. Does the repaired area conform to the rest of the body line Yes ____ No ____
2. Do all seams line up correctly. Yes ____ No ____
3. If a door was damaged does it now open, close and lock correctly. Yes ____ No ____
4. Are all repaired areas including replaced parts in alignment. Yes ____ No ____
5. Is the repainted area finish smooth. Yes ____ No ____
6. Does the repainted area color match the rest of the vehicle. Yes ____ No ____
7. Are there any blemishes in the repainted area. Yes ____ No ____
8. Is there any overspray in the surrounding area. Yes ____ No ____

Vehicle accepted by _____

Please print name _____