GUARDIAN STONE CARE & RESTORATION

# Site-Walk Record

Burying ground: _____ Location: _____

Owner / contact: _____ Phone / email: _____

Date of walk: _____ Present: _____

Access (vehicle, gates, slope, wet ground): _____

Nearest water: _____ Hazards: _____

What does the customer most want? _____

| Stone # | Name / date | Type and size | Condition | Work proposed | Est. hours | Refer? |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |

Who approves the work, and how? _____

Sketch attached ☐ Photographs taken ☐ Estimate due by: _____