

# Members Site Assessment



Members Name: .....  
 Site Address: .....  
 Installers Names: .....  
 Driveway/Patio/Path/Other, (please state).....

## Skills Assessment in Accordance with Marshalls Installation Guidelines

Work in Progress  Completed

	Compliant	Non Compliant	N/A
Setting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edge Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laying Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall project rating**    Excellent  Good  Acceptable  Below Standard

Marshalls Products: .....  
 .....

### Summary & Actions

Comments & actions agreed:  
 .....  
 .....  
 .....  
 .....

Regional Assessor: ..... Date:.....

On behalf of the Register member: ..... Date:.....

# Members Site Assessment



# Members Site Assessment



Members Name: .....

Site Address: .....

Installers Names: .....

Driveway/Patio/Path/Other, (please state).....

## Skills Assessment in Accordance with Marshall's Installation Guidelines

Work in Progress  Completed

	Compliant	Non Compliant	N/A
Setting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edge Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laying Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall project rating**    Excellent  Good  Acceptable  Below Standard

Marshall's Products: .....

.....

### Summary & Actions

Comments & actions agreed:

.....

.....

.....

.....

Regional Assessor: ..... Date:.....

On behalf of the Register member: ..... Date:.....

# Members Site Assessment



Members Name: .....

Site Address: .....

Installers Names: .....

Driveway/Patio/Path/Other, (please state).....

## Skills Assessment in Accordance with Marshall's Installation Guidelines

Work in Progress  Completed

	Compliant	Non Compliant	N/A
Setting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edge Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laying Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall project rating**    Excellent  Good  Acceptable  Below Standard

Marshall's Products: .....

.....

### Summary & Actions

Comments & actions agreed:

.....

.....

.....

.....

.....

Regional Assessor: ..... Date:.....

On behalf of the Register member: ..... Date:.....