**Staff Name** Chris

# Work Diary

| Order No | Surveyor | Contact Address | Customer Ref | Date | Time |
|---|---|---|---|---|---|
| TS10433 | Surveyors | Mr. Butler, 15 CHURCH CLOSE, LONAN, ISLE OF MAN, IM4 7JY, 01624 863263, butler.iom@outlook.com | | 23-07-2024 | 10:00 |

**Notes :** measure bathroom for grip fit blind

| Room | Qty | Width | FW R B | Drop | R HH | Product Description | Size | Price Code | HW Col | Cont./Fixings | Special Instructions |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BATH | 1 | 837 | R | 950 | | GRIP FIT | | | | [illegible] | |
| | | | | | | Slight inverse splay, LHS | | | | | |
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