

SERVICE REPORT

DATE: _____ REGULAR: _____ OVERTIME: _____
OPERATORS: _____ TIME: _____ A.M. _____ P.M.

ADDRESS OF CALL: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Sewer Call | <input type="checkbox"/> Rodding Sewers | <input type="checkbox"/> T.V. |
| <input type="checkbox"/> Routine Flushing | <input type="checkbox"/> Maintenance on Rodder | <input type="checkbox"/> Dying Sewers |
| <input type="checkbox"/> Proofing Sewers | <input type="checkbox"/> Checking Sewers | <input type="checkbox"/> Manhole Repairs |
| <input type="checkbox"/> Maintenance on Jet | <input type="checkbox"/> Sewer Repairs | <input type="checkbox"/> Other |

Was our line: plugged? or okay?
Utility sewer flowing when you left location? Yes No
Amount and type of material removed: _____

- | | | |
|-----------------------|--|----------------------------------|
| No. of Setups: _____ | <input type="checkbox"/> Jet | <input type="checkbox"/> Rodder |
| Type of Sewer: _____ | | |
| Size of Sewer: _____ | <input type="checkbox"/> Buckets | <input type="checkbox"/> Steamer |
| Length of Run: _____ | | |
| Gals. Of Water: _____ | <input type="checkbox"/> Street Dept. Vactor | <input type="checkbox"/> Other |

Operator's remarks or problems: _____

Materials Used: _____

Was homeowner contacted? Yes No

Name: _____

Address: _____

Phone: _____ Cost: _____

Homeowner's remarks: _____