

SERVICE REPORT

DATE: _____ TIME: _____ A.M. _____ P.M.

OPERATORS: _____ REGULAR: _____ OVERTIME: _____

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"/> Manhole Repairs | <input type="checkbox"/> Checking Sewers |
| <input type="checkbox"/> Maintenance on Jet | <input type="checkbox"/> Sewer Repairs | <input type="checkbox"/> Other |

Was our line: Plugged or Okay

City sewer flowing normal when you left location? Yes No

Amount and type of material removed: _____

No. of Set Ups: _____ Jet Rodder

Type of Sewer: _____

Size of Sewer: _____ Buckets Steamer

Length of Run: _____

Gals. of Water: _____ Utilities department Vac-Con Other

Operator's Remarks or Problems: _____

Materials Used: _____

Was homeowner contacted? Yes No

Name: _____ Homeowner's Remarks: _____

Address: _____

Phone: _____

Cost: _____