



CRYSTALLINE CLEANING & ENVIRONMENTAL SERVICES

WATER TANK - AFTER SERVICE REPORT

18410

CUSTOMER:			CONTACT PERSON: MR. <i>Abuind.</i>		
SITE DETAILS: <i>villa = No - FM: 8092</i>			CONTACT NO: <i>05526341588</i>		
TANK DETAILS: <i>only one tank fiber</i>			LOCATION DETAILS: <i>UMM AL SHEIKH</i>		
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> RESIDENTIAL		<input checked="" type="checkbox"/> OTHERS	
TYPE OF TANK					
<input type="checkbox"/> CONCRETE	<input type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED	<input type="checkbox"/> STEEL PANEL	<input type="checkbox"/> PLASTIC
<input type="checkbox"/> CONCRETE COATED		<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS		
SIZE OF TANK			QUANTITY OF WATER		
M3	USG	L*B*H	<input checked="" type="checkbox"/> FULL	<input type="checkbox"/> HALF	<input type="checkbox"/> EMPTY
CONDITION OF WATER TANK BEFORE CLEANING			CONDITION OF WATER TANK AFTER CLEANING		
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN	<input type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST
ACCESS		MANHOLE			
<input type="checkbox"/> COVERED		<input type="checkbox"/> DAMAGED		<input type="checkbox"/> NA	
LADDER IN		LADDER OUT		LEAKS	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TANK CLEANED		TANK DISINFECTED		PIPES DISINFECTED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
LAST CLEANING DATE		CURRENT CLEANING DATE		NEXT CLEANING DATE	
CHEMICALS & EQUIPMENTS USED					
1. _____ Quantity _____					
2. _____ Quantity _____					
<input checked="" type="checkbox"/> Submersibel Pump <input checked="" type="checkbox"/> High/Low Pressure Jet <input type="checkbox"/> Extension Cords <input type="checkbox"/> LED lights <input type="checkbox"/> Foot Bath <input type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input checked="" type="checkbox"/> Suction/Discharge Hoses <input checked="" type="checkbox"/> Oxygen Meter <input type="checkbox"/> Vacuum Cleaner <input type="checkbox"/> Cleaning Materials					
COMMENTS AND RECOMMENDATION:					
Crystalline representative:				Signature: <i>[Signature]</i>	
Customer/Customer representative:				Signature: <i>[Signature]</i>	