



# CRYSTALLINE CLEANING & ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

18413

CUSTOMER:			CONTACT PERSON: MR. Ahmad		
SITE DETAILS: Villa No - FM - 3078			CONTACT NO: 055-6841588		
TANK DETAILS: only one fault			LOCATION DETAILS:		
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS					
<b>TYPE OF TANK</b>					
<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		
<b>SIZE OF TANK</b>			<b>QUANTITY OF WATER</b>		
M3	USG	L*B*H	<input checked="" type="checkbox"/> FULL	<input type="checkbox"/> HALF	<input type="checkbox"/> EMPTY
<b>CONDITION OF WATER TANK BEFORE CLEANING</b>			<b>CONDITION OF WATER TANK AFTER CLEANING</b>		
<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
<b>ACCESS</b>		<b>MANHOLE</b>		<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED <input type="checkbox"/> NA
<b>LADDER IN</b>		<b>LADDER OUT</b>		<b>LEAKS</b>	
<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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DRAIN LINE</b>	
<b>TANK CLEANED</b>		<b>TANK DISINFECTED</b>		<b>VALVES</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PIPES DISINFECTED</b>	
<b>LAST CLEANING DATE</b>		<b>CURRENT CLEANING DATE</b>		<b>FLOAT VALVE</b>	
		24-3-2021		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
				<b>NEXT CLEANING DATE</b>	
				23-9-2021	
<b>CHEMICALS &amp; EQUIPMENTS USED</b>					
1. _____ Quantity _____					
2. _____ Quantity _____					
<input checked="" type="checkbox"/> Submersibel Pump <input 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 type="checkbox"/> Suction/Discharge Hoses <input type="checkbox"/> Oxygen Meter <input type="checkbox"/> Vacuum Cleaner <input type="checkbox"/> Cleaning Materials					
<b>COMMENTS AND RECOMMENDATION:</b>					
Crystalline representative:				Signature:	
Customer/Customer representative:				Signature:	