



# CRYSTALLINE CLEANING & ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

18414

<b>CUSTOMER:</b>			<b>CONTACT PERSON:</b> MR: <i>Aravind</i>		
<b>SITE DETAILS:</b> <i>Villa No- 8091</i>			<b>CONTACT NO:</b> <i>055 6341582</i>		
<b>TANK DETAILS:</b> <i>total (2) tanks clear</i>			<b>LOCATION DETAILS:</b>		
<b>TYPE OF BUILDING:</b> <input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> RESIDENTIAL		<input checked="" type="checkbox"/> OTHERS	
<b>TYPE OF TANK</b>					
<input type="checkbox"/> CONCRETE	<input type="checkbox"/> GRP PANEL	<input checked="" 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	
<b>TANK CLEANED</b>		<b>TANK DISINFECTED</b>		<b>PIPES DISINFECTED</b>	
<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	
<b>LAST CLEANING DATE</b>		<b>CURRENT CLEANING DATE</b>		<b>NEXT CLEANING DATE</b>	
		<i>24-3-2021</i>		<i>23-9-2021</i>	
<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>					
<b>Crystalline representative:</b>				<b>Signature:</b> <i>[Signature]</i>	
<b>Customer/Customer representative:</b>				<b>Signature:</b> <i>[Signature]</i>	