

**ENVIRONMENTAL  
SERVICES FOR  
A GREENER  
TOMORROW...  
ONE STEP AT  
A TIME.**



**CRYSTALLINE**  
ENVIRONMENTAL SERVICES



Completion Report for

## **Water Tank Cleaning & Disinfection**

Date: **15 March 2020**  
Client Name: **Engineering Office**  
Contact Person: **Mr.Mirza**  
Designation: **FACILITY MANAGER**  
Site Detail: **Al Qaffay -Dubai**







# CRYSTALLINE ENVIRONMENTAL SERVICES

17928

## WATER TANK - AFTER SERVICE REPORT

CUSTOMER: <i>EO Facility Management</i>		CONTACT PERSON: <i>Mr: Mirza</i>	
SITE DETAILS: <i>Al Jaffay Island 1015</i>		CONTACT NO: <i>050-2242506</i>	
TANK DETAILS: <i>GRP Dome Tank-2</i>		LOCATION DETAILS: <i>Service Compound ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS			
<b>TYPE OF TANK</b>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<b>SIZE OF TANK</b>		<b>QUANTITY OF WATER</b>	
M3 <i>10x8x3</i>	USG	L*B*H	<input type="checkbox"/> FULL <input checked="" 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"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> SLIME
<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>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>LEAKS</b>		<b>DRAIN LINE</b>	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>TANK CLEANED</b>		<b>TANK DISINFECTED</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PIPES DISINFECTED</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	
<b>LAST CLEANING DATE</b>		<b>CURRENT CLEANING DATE</b>	
	<i>11/03/2020</i>	<i>11/09/2020</i>	
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
1. <i>Carola bio and pls</i> Quantity <i>300 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersibel Pump <input checked="" type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input type="checkbox"/> Suction/Discharge Hoses <input checked="" type="checkbox"/> Oxygen Meter <input type="checkbox"/> Vacuum Cleaner <input checked="" type="checkbox"/> Cleaning Materials			
<b>COMMENTS AND RECOMMENDATION:</b>			
<i>Water Tank cleaning and Disinfected</i>			
Crystalline representative: <i>Beahul</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17927

CUSTOMER: <i>EO Facility Management</i>			CONTACT PERSON: <i>Mr. Mizzi</i>				
SITE DETAILS: <i>Al Jaffray Island 1015</i>			CONTACT NO: <i>050-7242506</i>				
TANK DETAILS: <i>GRP IRRADI water Tank</i>			LOCATION DETAILS: <i>Service Compound ground</i>				
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> OTHERS			
<u>TYPE OF TANK</u>							
<input type="checkbox"/> CONCRETE	<input checked="" 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				
<u>SIZE OF TANK</u>			<u>QUANTITY OF WATER</u>				
M3	<i>18X6X3</i>	USG	L*B*H	<input type="checkbox"/> FULL	<input checked="" type="checkbox"/> HALF	<input type="checkbox"/> EMPTY	
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>			<u>CONDITION OF WATER TANK AFTER CLEANING</u>				
<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 checked="" 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		
<u>ACCESS</u>		<u>MANHOLE</u>		<input type="checkbox"/> COVERED		<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>		<u>DRAIN LINE</u>	<u>VALVES</u>	<u>FLOAT VALVE</u>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<u>TANK CLEANED</u>		<u>TANK DISINFECTED</u>		<u>PIPES DISINFECTED</u>			
<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 checked="" type="checkbox"/> NA			
<u>LAST CLEANING DATE</u>		<u>CURRENT CLEANING DATE</u>		<u>NEXT CLEANING DATE</u>			
		<i>11/03/2020</i>		<i>11/09/2020</i>			
<u>CHEMICALS &amp; EQUIPMENTS USED</u>							
1. <i>Carula bio and 7ls</i> Quantity <i>300 ML</i>							
2. _____ Quantity _____							
<input checked="" type="checkbox"/> Submersibel Pump <input type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input checked="" type="checkbox"/> Suction/Discharge Hoses <input checked="" type="checkbox"/> Oxygen Meter <input checked="" type="checkbox"/> Vacuum Cleaner <input checked="" type="checkbox"/> Cleaning Materials							
<u>COMMENTS AND RECOMMENDATION:</u>							
<i>Water Tank cleaning and Disinfected</i>							
Crystalline representative: <i>Bashir</i>				Signature: <i>[Signature]</i>			
Customer/Customer representative:				Signature: <i>[Signature]</i>			



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17925

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr: Misza</i>	
SITE DETAILS: <i>Al Yaffay Island 1015</i>		CONTACT NO: <i>050-2242506</i>	
TANK DETAILS: <i>GRP Water Tank 3</i>		LOCATION DETAILS: <i>Ro Plant ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS			
<u>TYPE OF TANK</u>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3 <i>87x25x3</i> USG	L*B*H	<input type="checkbox"/> FULL	<input checked="" type="checkbox"/> HALF
<input type="checkbox"/> EMPTY			
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK AFTER CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> SLIME
<u>ACCESS</u>		<u>MANHOLE</u>	
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>TANK CLEANED</u>		<u>TANK DISINFECTED</u>	
<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"/> YES	<input checked="" type="checkbox"/> NA
<u>PIPES DISINFECTED</u>			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>LAST CLEANING DATE</u>		<u>CURRENT CLEANING DATE</u>	
		<i>14/03/2020</i>	<i>14/09/2020</i>
<u>CHEMICALS &amp; EQUIPMENTS USED</u>			
1. <i>Carola bio and plus</i> Quantity <i>600 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersibel Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input checked="" type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Vacuum Cleaner
<input checked="" type="checkbox"/> Foot Bath	<input checked="" type="checkbox"/> Ladder	<input checked="" type="checkbox"/> Cleaning Materials	
<u>COMMENTS AND RECOMMENDATION:</u>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bashel</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17924

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr. Mizza</i>	
SITE DETAILS: <i>Al Yaffay Island - 1015</i>		CONTACT NO: <i>050-7242506</i>	
TANK DETAILS: <i>FRP Tank-2</i>		LOCATION DETAILS: <i>Main Palace Rooftop</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input 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"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<b>SIZE OF TANK</b>		<b>QUANTITY OF WATER</b>	
M3 <i>800</i> USG	L*B*H	<input type="checkbox"/> FULL	<input type="checkbox"/> HALF
<input type="checkbox"/> FULL		<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"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> SLIME	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> SLIME
<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<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	
<input type="checkbox"/> LADDER IN	<input type="checkbox"/> LADDER OUT	<input type="checkbox"/> LEAKS	<input type="checkbox"/> DRAIN LINE
<input type="checkbox"/> VALVES	<input type="checkbox"/> FLOAT VALVE		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<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 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input 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	<input 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17923

CUSTOMER: <i>Eo Facility Management</i>			CONTACT PERSON: <i>Mr: Miza</i>		
SITE DETAILS: <i>Al Jaf Fay Island-1015</i>			CONTACT NO: <i>050-2242506</i>		
TANK DETAILS: <i>GRP water Tank-2</i>			LOCATION DETAILS: <i>Radar Tower ground</i>		
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> OTHERS	
<u>TYPE OF TANK</u>					
<input type="checkbox"/> CONCRETE	<input checked="" 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		
<u>SIZE OF TANK</u>			<u>QUANTITY OF WATER</u>		
M3	USG	L*B*H	<input type="checkbox"/> FULL	<input type="checkbox"/> HALF	<input type="checkbox"/> EMPTY
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>			<u>CONDITION OF WATER TANK ALFET CLEANING</u>		
<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 checked="" 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
<u>ACCESS</u>		<u>MANHOLE</u>		<input type="checkbox"/> COVERED	
<input type="checkbox"/> DAMAGED		<input type="checkbox"/> NA			
<u>LADDER IN</u>		<u>LADDER OUT</u>		<u>LEAKS</u>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<u>DRAIN LINE</u>		<u>VALVES</u>		<u>FLOAT VALVE</u>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<u>TANK CLEANED</u>		<u>TANK DISINFECTED</u>		<u>PIPES DISINFECTED</u>	
<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 checked="" type="checkbox"/> NA	
<u>LAST CLEANING DATE</u>		<u>CURRENT CLEANING DATE</u>		<u>NEXT CLEANING DATE</u>	
		<i>13/09/2020</i>		<i>13/09/2020</i>	
<u>CHEMICALS &amp; EQUIPMENTS USED</u>					
1. <i>Carlo bio and plus</i> Quantity <i>100 ML</i>					
2. _____ Quantity _____					
<input checked="" type="checkbox"/> Submersibel Pump <input checked="" type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input checked="" type="checkbox"/> Suction/Discharge Hoses <input checked="" type="checkbox"/> Oxygen Meter <input checked="" type="checkbox"/> Vacuum Cleaner <input checked="" type="checkbox"/> Cleaning Materials					
<u>COMMENTS AND RECOMMENDATION:</u>					
<i>Water Tank cleaning and Disinfected</i>					
Crystalline representative: <i>Bishel</i>			Signature: <i>[Signature]</i>		
Customer/Customer representative:			Signature: <i>[Signature]</i>		



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17922

CUSTOMER: <i>EO Facility Management</i>		CONTACT PERSON: <i>Mr: Mirza</i>	
SITE DETAILS: <i>Al Jaf Fay Island-1015</i>		CONTACT NO: <i>050-7242506</i>	
TANK DETAILS: <i>Enter water Tank-1</i>		LOCATION DETAILS: <i>Radar Tower ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS	
<u>TYPE OF TANK</u>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input checked="" type="checkbox"/> PLASTIC			
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3 <i>2000 Gen</i> USG	L*B*H	<input type="checkbox"/> FULL	<input checked="" type="checkbox"/> HALF <input type="checkbox"/> EMPTY
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK ALFET CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST
<u>ACCESS</u>		<u>MANHOLE</u>	
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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<u>TANK CLEANED</u>		<u>TANK DISINFECTED</u>	
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<u>PIPES DISINFECTED</u>		<u>FLOAT VALVE</u>	
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<u>LAST CLEANING DATE</u>		<u>CURRENT CLEANING DATE</u>	
		<i>13/03/2020</i>	
<u>NEXT CLEANING DATE</u>		<u>CHEMICALS &amp; EQUIPMENTS USED</u>	
		<i>13/04/2020</i>	
1. <i>Cardo bio and plus</i> Quantity <i>50 ML</i> 2. _____ Quantity _____ <input checked="" type="checkbox"/> Submersibel Pump <input checked="" type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input checked="" type="checkbox"/> Suction/Discharge Hoses <input checked="" type="checkbox"/> Oxygen Meter <input checked="" type="checkbox"/> Vacuum Cleaner <input checked="" type="checkbox"/> Cleaning Materials			
<u>COMMENTS AND RECOMMENDATION:</u>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bishal</i>		Signature: <i>MD Zulfikar</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17921

CUSTOMER: <i>EO Facility Management</i>		CONTACT PERSON: <i>Mr : Mirza</i>	
SITE DETAILS: <i>Al Yaffay Island - 1015</i>		CONTACT NO: <i>050-7242506</i>	
TANK DETAILS: <i>GRP Water Tank-1</i>		LOCATION DETAILS: <i>Main Palace ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS			
<b>TYPE OF TANK</b>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<b>SIZE OF TANK</b>		<b>QUANTITY OF WATER</b>	
M3 <i>3x2x2</i>	USG	L*B*H	<input type="checkbox"/> FULL <input checked="" 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"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> SLIME
<b>ACCESS</b>		<b>MANHOLE</b>	
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	
<input type="checkbox"/> LADDER IN	<input type="checkbox"/> LADDER OUT	<input type="checkbox"/> LEAKS	<input type="checkbox"/> DRAIN LINE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>TANK CLEANED</b>		<b>TANK 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"/> YES	<input checked="" type="checkbox"/> NA
<b>LAST CLEANING DATE</b>		<b>CURRENT CLEANING DATE</b>	
		<i>11/03/2020</i>	
<b>NEXT CLEANING DATE</b>			
		<i>11/09/2020</i>	
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
1. <i>Carla bio and plus</i> Quantity <i>150 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersible Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input checked="" type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Vacuum Cleaner
<input checked="" type="checkbox"/> Foot Bath	<input checked="" type="checkbox"/> Ladder	<input checked="" type="checkbox"/> Cleaning Materials	
<b>COMMENTS AND RECOMMENDATION:</b>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bishul</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17920

CUSTOMER: <i>EO Facility Management</i>			CONTACT PERSON: <i>Mr: Mrza</i>			
SITE DETAILS: <i>Al Jaffay Island-1015</i>			CONTACT NO: <i>050-7242506</i>			
TANK DETAILS: <i>GRP Water Tank</i>			LOCATION DETAILS: <i>ladies SAC ground</i>			
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> OTHERS		
TYPE OF TANK						
<input type="checkbox"/> CONCRETE	<input checked="" 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	<i>4x4x2</i>	USG	L*B*H	<input type="checkbox"/> FULL	<input checked="" 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 checked="" 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
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>	<u>VALVES</u>	<u>FLOAT VALVE</u>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" 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 checked="" type="checkbox"/> NA	
LAST CLEANING DATE		CURRENT CLEANING DATE		NEXT CLEANING DATE		
		<i>12/05/2020</i>		<i>12/09/2020</i>		
CHEMICALS & EQUIPMENTS USED						
1. <i>Carola bio plus</i> Quantity <i>150 ML</i>						
2. _____ Quantity _____						
<input checked="" type="checkbox"/> Submersible Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input checked="" type="checkbox"/> LED Lights	<input checked="" type="checkbox"/> Foot Bath	<input checked="" type="checkbox"/> Ladder	
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Vacuum Cleaner	<input checked="" type="checkbox"/> Cleaning Materials		
COMMENTS AND RECOMMENDATION:						
<i>Water Tank Cleaning and Disinfected</i>						
Crystalline representative: <i>Bash</i>			Signature: <i>[Signature]</i>			
Customer/Customer representative:			Signature: <i>[Signature]</i>			



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17919

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>M2: Mirza</i>	
SITE DETAILS: <i>Al Yaffay Island - 1015</i>		CONTACT NO: <i>050 2242566</i>	
TANK DETAILS: <i>GRP Water Tank-1</i>		LOCATION DETAILS: <i>House stable ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS			
<b>TYPE OF TANK</b>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<b>SIZE OF TANK</b>		<b>QUANTITY OF WATER</b>	
M3 <i>3x2x2</i>	USG	L*B*H	<input type="checkbox"/> FULL <input checked="" 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"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> SLIME
<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>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>LEAKS</b>		<b>DRAIN LINE</b>	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>TANK CLEANED</b>		<b>TANK DISINFECTED</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PIPES DISINFECTED</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	
<b>LAST CLEANING DATE</b>		<b>CURRENT CLEANING DATE</b>	
	<i>12/05/2020</i>	<b>NEXT CLEANING DATE</b>	
		<i>12/09/2020</i>	
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
1. <i>Carcla bio and plus</i> Quantity <i>100 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersible Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input type="checkbox"/> Extension Cords	<input type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input type="checkbox"/> Foot Bath
<input type="checkbox"/> Ladder	<input type="checkbox"/> Vacuum Cleaner	<input checked="" type="checkbox"/> Cleaning Materials	
<b>COMMENTS AND RECOMMENDATION:</b>			
<i>Water Tank cleaning and disinfected</i>			
Crystalline representative: <i>Bohal</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

17918

## WATER TANK - AFTER SERVICE REPORT

CUSTOMER: <i>Eo Facility Management</i>			CONTACT PERSON: <i>Mr: Mirza</i>																	
SITE DETAILS: <i>Al Yaffay Island-1015</i>			CONTACT NO: <i>0302242506</i>																	
TANK DETAILS: <i>GRP water Tank-1</i>			LOCATION DETAILS: <i>Car work shop ground</i>																	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> OTHERS																
<u>TYPE OF TANK</u>																				
<input type="checkbox"/> CONCRETE	<input checked="" 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																	
<u>SIZE OF TANK</u>			<u>QUANTITY OF WATER</u>																	
M3	<i>1X1X2</i>	USG	L*B*H	<input checked="" type="checkbox"/> FULL	<input type="checkbox"/> HALF	<input type="checkbox"/> EMPTY														
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>			<u>CONDITION OF WATER TANK AFTER CLEANING</u>																	
<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 checked="" 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															
<u>ACCESS</u>		<u>MANHOLE</u>		<input type="checkbox"/> COVERED		<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA													
<u>LADDER IN</u>		<u>LADDER OUT</u>		<u>LEAKS</u>		<u>DRAIN LINE</u>		<u>VALVES</u>		<u>FLOAT VALVE</u>										
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO									
<u>TANK CLEANED</u>			<u>TANK DISINFECTED</u>			<u>PIPES DISINFECTED</u>														
<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 checked="" type="checkbox"/> NA		
<u>LAST CLEANING DATE</u>				<u>CURRENT CLEANING DATE</u>				<u>NEXT CLEANING DATE</u>												
				<i>10/03/2020</i>				<i>10/09/2020</i>												
<u>CHEMICALS &amp; EQUIPMENTS USED</u>																				
1. <i>Carcla bio and plus</i> Quantity <i>100 ML</i>																				
2. _____ Quantity _____																				
<input checked="" type="checkbox"/> Submersibel Pump <input type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" 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 checked="" type="checkbox"/> Cleaning Materials																				
<u>COMMENTS AND RECOMMENDATION:</u>																				
<i>water Tank cleaning and Disinfected</i>																				
Crystalline representative: <i>Bash</i>						Signature: <i>[Signature]</i>														
Customer/Customer representative:						Signature: <i>[Signature]</i>														



# CRYSTALLINE ENVIRONMENTAL SERVICES

17917

## WATER TANK - AFTER SERVICE REPORT

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr: Mrza</i>	
SITE DETAILS: <i>Al Yaffan Island 1015</i>		CONTACT NO: <i>0507242506</i>	
TANK DETAILS: <i>GRP Water Tank-4</i>		LOCATION DETAILS: <i>Royal Kitchen ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS			
<u>TYPE OF TANK</u>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3 <i>10x7x2</i> USG	L*B*H	<input type="checkbox"/> FULL	<input checked="" type="checkbox"/> HALF <input type="checkbox"/> EMPTY
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK ALFET CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<u>ACCESS</u>		<u>MANHOLE</u>	<input type="checkbox"/> COVERED <input type="checkbox"/> DAMAGED <input type="checkbox"/> NA
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>TANK CLEANED</u>	<u>TANK DISINFECTED</u>	<u>PIPES DISINFECTED</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
<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	
<u>LAST CLEANING DATE</u>	<u>CURRENT CLEANING DATE</u>	<u>NEXT CLEANING DATE</u>	
	<i>12/03/2020</i>	<i>12/09/2020</i>	
<i>Carla bio and plus</i> <u>CHEMICALS &amp; EQUIPMENTS USED</u>			
1. _____ Quantity <i>800 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersibel Pump <input checked="" type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input checked="" type="checkbox"/> Suction/Discharge Hoses <input type="checkbox"/> Oxygen Meter <input checked="" type="checkbox"/> Vacuum Cleaner <input checked="" type="checkbox"/> Cleaning Materials			
<u>COMMENTS AND RECOMMENDATION:</u>			
<i>Water Tank cleaning and Disinfected</i>			
Crystalline representative: <i>Bishal</i>		Signature: <i>Mr Zulf...</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17916

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr. Mirza</i>	
SITE DETAILS: <i>All Yaffa Island 1015</i>		CONTACT NO: <i>050-7242501</i>	
TANK DETAILS: <i>GRP water Tank 3</i>		LOCATION DETAILS: <i>Royal Kitchen ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS	
<b>TYPE OF TANK</b>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	
<b>SIZE OF TANK</b>		<b>QUANTITY OF WATER</b>	
M3	<i>10x10x2</i> USG	L*B*H	<input type="checkbox"/> FULL <input checked="" 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"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS
<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>	<b>DRAIN LINE</b>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>VALVES</b>	<b>FLOAT VALVE</b>		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>TANK CLEANED</b>		<b>TANK DISINFECTED</b>	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>PIPES DISINFECTED</b>			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA	
<b>LAST CLEANING DATE</b>		<b>CURRENT CLEANING DATE</b>	
		<i>10/03/2020</i>	
<b>NEXT CLEANING DATE</b>			
		<i>10/09/2020</i>	
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
1. <i>Carla bio and pbs</i> Quantity <i>400 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersible Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Vacuum Cleaner
		<input type="checkbox"/> Foot Bath	<input checked="" type="checkbox"/> Ladder
		<input type="checkbox"/> Cleaning Materials	
<b>COMMENTS AND RECOMMENDATION:</b>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bash</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature: <i>[Signature]</i>	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17915

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>M2: Mirza</i>	
SITE DETAILS: <i>Al Jaffay Island - 1015</i>		CONTACT NO: <i>050.7242506</i>	
TANK DETAILS: <i>GRP water tank-2</i>		LOCATION DETAILS: <i>Royal Kitchen ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS	
<b>TYPE OF TANK</b>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<b>SIZE OF TANK</b>		<b>QUANTITY OF WATER</b>	
M3 <i>10x6x3</i>	USG	L*B*H	<input type="checkbox"/> FULL <input checked="" 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"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> ACCESS	<input type="checkbox"/> MANHOLE	<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED
<input type="checkbox"/> LADDER IN	<input type="checkbox"/> LADDER OUT	<input type="checkbox"/> LEAKS	<input type="checkbox"/> DRAIN LINE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> VALVES	<input type="checkbox"/> FLOAT VALVE	<input type="checkbox"/> TANK CLEANED	<input type="checkbox"/> TANK DISINFECTED
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<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 checked="" type="checkbox"/> NA
<b>LAST CLEANING DATE</b>		<b>CURRENT CLEANING DATE</b>	
		<i>10/18/2020</i>	
<b>NEXT CLEANING DATE</b>		<i>10/19/2020</i>	
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
1. <i>Coarbo bio and plus</i> Quantity <i>800 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersibel Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input checked="" type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Vacuum Cleaner
<input checked="" type="checkbox"/> Foot Bath	<input checked="" type="checkbox"/> Ladder	<input checked="" type="checkbox"/> Cleaning Materials	
<b>COMMENTS AND RECOMMENDATION:</b>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bell</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature: <i>[Signature]</i>	



# CRYSTALLINE ENVIRONMENTAL SERVICES

17913

## WATER TANK - AFTER SERVICE REPORT

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr: Mirza</i>	
SITE DETAILS: <i>Al Yaffan Island-1015</i>		CONTACT NO: <i>0502242506</i>	
TANK DETAILS: <i>GRP Water Tank-1</i>		LOCATION DETAILS: <i>Royal Kitchen ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS	
<u>TYPE OF TANK</u>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3	<i>5X8X2</i>	USG	L*B*H
<input type="checkbox"/> FULL	<input checked="" type="checkbox"/> HALF	<input type="checkbox"/> EMPTY	
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK AFTER CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST
<u>ACCESS</u>		<u>MANHOLE</u>	
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES		



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17912

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr. Mizza</i>	
SITE DETAILS: <i>Al Yaffay Island - 1015</i>		CONTACT NO: <i>0507242506</i>	
TANK DETAILS: <i>Rec Water Tank 1</i>		LOCATION DETAILS: <i>Main Tank Area</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS	
<u>TYPE OF TANK</u>			
<input checked="" type="checkbox"/> CONCRETE	<input type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL <input type="checkbox"/> PLASTIC
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3 <i>14x16x3.1</i>	USG	L*B*H	<input type="checkbox"/> FULL <input checked="" type="checkbox"/> HALF <input type="checkbox"/> EMPTY
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK AFTER CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<u>ACCESS</u>		<u>MANHOLE</u>	
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>TANK CLEANED</u>	<u>TANK DISINFECTED</u>	<u>PIPES DISINFECTED</u>	
<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 checked="" type="checkbox"/> NA	
<u>LAST CLEANING DATE</u>	<u>CURRENT CLEANING DATE</u>	<u>NEXT CLEANING DATE</u>	
	<i>09/05/2020</i>	<i>09/09/2020</i>	
<u>CHEMICALS &amp; EQUIPMENTS USED</u>			
1. <i>Carla bio and plus</i> Quantity <i>600 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersibel Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input checked="" type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Vacuum Cleaner
<input type="checkbox"/> Foot Bath	<input type="checkbox"/> Ladder	<input type="checkbox"/> Cleaning Materials	
<u>COMMENTS AND RECOMMENDATION:</u>			
<i>Rec water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bisho</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature: <i>[Signature]</i>	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17911

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr. Mirza</i>	
SITE DETAILS: <i>Al Gaffay Island-1015</i>		CONTACT NO: <i>0507242506</i>	
TANK DETAILS: <i>GRP water Tank-1</i>		LOCATION DETAILS: <i>genet SAC-3 ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS	
<u>TYPE OF TANK</u>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3 <i>4x4x2</i>	USG	L*B*H	<input type="checkbox"/> FULL <input checked="" type="checkbox"/> HALF <input type="checkbox"/> EMPTY
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK AFTER CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<u>ACCESS</u>		<u>MANHOLE</u>	
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	<input type="checkbox"/> COVERED
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>TANK CLEANED</u>	<u>TANK DISINFECTED</u>	<u>PIPES DISINFECTED</u>	<u>VALVES</u>
<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 checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<u>LAST CLEANING DATE</u>	<u>CURRENT CLEANING DATE</u>	<u>NEXT CLEANING DATE</u>	
	<i>12/25/2020</i>	<i>12/09/2020</i>	
<u>CHEMICALS &amp; EQUIPMENTS USED</u>			
1. <i>Concla bio and plus</i> Quantity <i>100 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersibel Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input checked="" type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Foot Bath
<input checked="" type="checkbox"/> Vacuum Cleaner	<input checked="" type="checkbox"/> Cleaning Materials	<input checked="" type="checkbox"/> Ladder	
<u>COMMENTS AND RECOMMENDATION:</u>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Beshel</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17909

CUSTOMER: <i>Eo Facility Management</i>		CONTACT PERSON: <i>Mr: Mirza</i>	
SITE DETAILS: <i>Al Yaffay Island - 1015</i>		CONTACT NO: <i>056724506</i>	
TANK DETAILS: <i>GRP water Tank 2</i>		LOCATION DETAILS: <i>Ro Plant ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS	
<u>TYPE OF TANK</u>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3 <i>25x9x3</i> USG	L*B*H	<input type="checkbox"/> FULL	<input checked="" type="checkbox"/> HALF <input type="checkbox"/> EMPTY
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK AFTER CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> MOULDS
<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> SLIME
<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> RUST	<input type="checkbox"/> SLIME
<u>ACCESS</u>		<u>MANHOLE</u>	<input type="checkbox"/> COVERED <input type="checkbox"/> DAMAGED <input type="checkbox"/> NA
<u>LADDER IN</u>	<u>LADDER OUT</u>	<u>LEAKS</u>	<u>DRAIN LINE</u>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>TANK CLEANED</u>	<u>TANK DISINFECTED</u>	<u>PIPES DISINFECTED</u>	
<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 checked="" type="checkbox"/> NA	
<u>LAST CLEANING DATE</u>	<u>CURRENT CLEANING DATE</u>	<u>NEXT CLEANING DATE</u>	
	<i>08/03/2020</i>	<i>08/09/2020</i>	
<u>CHEMICALS &amp; EQUIPMENTS USED</u>			
1. <i>Coocla bio and plus</i> Quantity <i>400 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersibel Pump <input checked="" type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input type="checkbox"/> Suction/Discharge Hoses <input checked="" type="checkbox"/> Oxygen Meter <input checked="" type="checkbox"/> Vacuum Cleaner <input checked="" type="checkbox"/> Cleaning Materials			
<u>COMMENTS AND RECOMMENDATION:</u>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bishal</i>		Signature: <i>[Signature]</i>	
Customer/Customer representative:		Signature:	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17908

CUSTOMER: <u>Eo Facility Management</u>		CONTACT PERSON: <u>Mr. Muza</u>	
SITE DETAILS: <u>Al Yaffay Island - 1015</u>		CONTACT NO: <u>050724506</u>	
TANK DETAILS: <u>GRP Water Tank 1</u>		LOCATION DETAILS: <u>Ro Plant ground</u>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS			
<u>TYPE OF TANK</u>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<u>SIZE OF TANK</u>		<u>QUANTITY OF WATER</u>	
M3 <u>6x5x2</u>	USG	L*B*H	<input type="checkbox"/> FULL <input checked="" type="checkbox"/> HALF <input type="checkbox"/> EMPTY
<u>CONDITION OF WATER TANK BEFORE CLEANING</u>		<u>CONDITION OF WATER TANK AFTER CLEANING</u>	
<input type="checkbox"/> CLEAN	<input checked="" type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input checked="" type="checkbox"/> CLEAN
<input type="checkbox"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	<input type="checkbox"/> RUST
<u>ACCESS</u>		<u>MANHOLE</u>	
<input type="checkbox"/> LADDER IN	<input type="checkbox"/> LADDER OUT	<input type="checkbox"/> LEAKS	<input type="checkbox"/> DRAIN LINE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<u>TANK CLEANED</u>		<u>TANK DISINFECTED</u>	
<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 <input checked="" type="checkbox"/> NA
<u>PIPES DISINFECTED</u>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
<u>LAST CLEANING DATE</u>		<u>CURRENT CLEANING DATE</u>	
		<u>08/03/2020</u>	
<u>NEXT CLEANING DATE</u>			
		<u>08/09/2020</u>	
<u>CHEMICALS &amp; EQUIPMENTS USED</u>			
1. <u>Carola bio and plus</u> Quantity <u>200 ML</u>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersible Pump <input checked="" type="checkbox"/> High/Low Pressure Jet <input checked="" type="checkbox"/> Extension Cords <input checked="" type="checkbox"/> LED Lights <input checked="" type="checkbox"/> Foot Bath <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Ventilating Fan <input checked="" type="checkbox"/> Suction/Discharge Hoses <input checked="" type="checkbox"/> Oxygen Meter <input checked="" type="checkbox"/> Vacuum Cleaner <input checked="" type="checkbox"/> Cleaning Materials			
<u>COMMENTS AND RECOMMENDATION:</u>			
<u>Water Tank Cleaning and Disinfected</u>			
Crystalline representative: <u>Bishel</u>		Signature: <u>[Signature]</u>	
Customer/Customer representative:		Signature: <u>[Signature]</u>	



# CRYSTALLINE ENVIRONMENTAL SERVICES

## WATER TANK - AFTER SERVICE REPORT

17930

CUSTOMER: <i>Eco Facility Management</i>		CONTACT PERSON: <i>Mr. Milza</i>	
SITE DETAILS: <i>Al Jaffay Island - 1015</i>		CONTACT NO: <i>050-7242506</i>	
TANK DETAILS:		LOCATION DETAILS: <i>Tea Shop ground</i>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS			
<b>TYPE OF TANK</b>			
<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> GRP PANEL	<input type="checkbox"/> FRP TANK	<input type="checkbox"/> GALVANIZED
<input type="checkbox"/> CONCRETE COATED	<input type="checkbox"/> POLYURETHANE	<input type="checkbox"/> OTHERS	<input type="checkbox"/> STEEL PANEL
<input type="checkbox"/> PLASTIC			
<b>SIZE OF TANK</b>		<b>QUANTITY OF WATER</b>	
M3	<i>1x1x1</i>	USG	L*B*H
<input type="checkbox"/> FULL	<input checked="" 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"/> BIOFILMS	<input checked="" type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> DIRTY
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> MOULDS
<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA	<input type="checkbox"/> RUST
<b>ACCESS</b>		<b>MANHOLE</b>	
<input type="checkbox"/> LADDER IN	<input type="checkbox"/> LADDER OUT	<input type="checkbox"/> LEAKS	<input type="checkbox"/> DRAIN LINE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> VALVES	<input type="checkbox"/> FLOAT VALVE	<input type="checkbox"/> TANK CLEANED	<input type="checkbox"/> TANK DISINFECTED
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<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 checked="" type="checkbox"/> NA
<b>PIPES DISINFECTED</b>		<b>LAST CLEANING DATE</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA		<i>13/08/2020</i>	<i>13/09/2020</i>
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
1. <i>Carcla bio and Plus</i> Quantity <i>100 ML</i>			
2. _____ Quantity _____			
<input checked="" type="checkbox"/> Submersible Pump	<input checked="" type="checkbox"/> High/Low Pressure Jet	<input checked="" type="checkbox"/> Extension Cords	<input checked="" type="checkbox"/> LED Lights
<input checked="" type="checkbox"/> Ventilating Fan	<input checked="" type="checkbox"/> Suction/Discharge Hoses	<input checked="" type="checkbox"/> Oxygen Meter	<input checked="" type="checkbox"/> Vacuum Cleaner
<input checked="" type="checkbox"/> Foot Bath	<input checked="" type="checkbox"/> Ladder	<input checked="" type="checkbox"/> Cleaning Materials	
<b>COMMENTS AND RECOMMENDATION:</b>			
<i>Water Tank Cleaning and Disinfected</i>			
Crystalline representative: <i>Bashir</i>		Signature: <i>Mr. Milza</i>	
Customer/Customer representative:		Signature:	

# CRYSTALLINE CLEANING & ENVIRONMENTAL SERVICES

## WATER TANK CLEANING & DISINFECTION

**CLIENT NAME** : **ENGINEERING OFFICE**

**CONTACT PERSON** : **MR.MIRZA**

**DESIGNATION** : **FACILITY MANAGER**

**SITE DETAILS** : **AL QAFFAY -DUBAI**

**DETAILS** : **WATER TANK CLEANING & DISINFECTION**

**DATE OF CLEANING** : **MARCH 2020**

**FREQUENCY OF CLEANING** : **HALF YEARLY**

**DATE OF NEXT CLEANING** : **08 SEPTEMBER 2020**

*The above water tanks were cleaned and disinfected in accordance with the Code of Practice for the inspection and cleaning of customer water storage tanks.*



*Tasman Pinto*

**CRYSTALLINE CLEANING AND ENVIRONMENTAL SERVICES**