

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



Completion Report for  
**AC Duct Cleaning & Sanitization**

Date: **30 September 2020**  
Client Name: **Engineering Office**  
Contact Person: **Mr. Mirza**  
Designation: **FACILITY MANAGER**  
Site Detail: **FM-1015 Al Qaffay Island.**





# CRYSTALLINE ENVIROMENTAL SERVICES

## AC DUCT - AFTER SERVICE REPORT

1716

CUSTOMER: <b>EO</b>		CONTACT PERSON: <b>Mr MIRZA</b>	
SITE DETAILS: <b>AL QAFFAY</b>		CONTACT NO. <b>050724 2506</b>	
AC DETAILS: <b>HVAC</b>		LOCATION DETAILS: <b>PALACE ACCOMODATION</b>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	
AIR CONDITIONING MACHINE:		NO. OF ROOMS SUPPLIED BY A/C:	
Type of A/C:	<input type="checkbox"/> Package Unit	<input type="checkbox"/> AHU	<input checked="" type="checkbox"/> Fan Coil / Split Unit
Tilted correctly:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray accessible:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Direct drain:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of Drip tray cleaned:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slime	<input type="checkbox"/> Mould <input type="checkbox"/> Rusty <input type="checkbox"/> Damage
TYPE OF FILTERS: FILTER CLEANING FREQUENCY:			
Filters:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of filters:	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Machine	
<b>DUCTWORK:</b>			
Only physical entry into ducts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
Access with tools only:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
NUMBER OF SUPPLY GRILLS:		NUMBER OF RETURN GRILLS:	
Type of grill:	<input checked="" type="checkbox"/> Square	<input checked="" type="checkbox"/> Rectangle	<input type="checkbox"/> Slot <input type="checkbox"/> Round
Fresh air inlet:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Return air:	<input type="checkbox"/> Ducts	<input checked="" type="checkbox"/> Cavity	
Flow dumpers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sensors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Damaged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Internal acoustic insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input type="checkbox"/> Rockwood	<input checked="" type="checkbox"/> Foam
External insulation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input checked="" type="checkbox"/> Polystyrene	<input checked="" type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
Covering insulation:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Others
Sanitization of ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Entire system cleaned:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, give details
Access doors/panels present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>04 x 16</b>
Access doors/panels fitted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>04 x 16</b>
Ducts damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where
Where installed:			
Ducts size and approximate length:			
LAST CLEANED:		CURRENT CLEANING DATE:	NEXT CLEANING DATE:
		From <b>05/09 to 09/09/2020</b>	<b>September 2021</b>
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
Quantity:			
Comments & recommendations: <b>We mention that :the FCU's, grilles, diffusers, filters, ducts, Flexibles have been cleaned and sanitized. kindly change the filters inside the Fans coil units because they are Crumbling.</b>			
Crystalline Representative <b>Patrick</b>		Signature: <del>Mr Mirza</del> <b>Mr Mirza</b>	
Client Representative:		Signature:	



# CRYSTALLINE ENVIROMENTAL SERVICES

## AC DUCT - AFTER SERVICE REPORT

1717

CUSTOMER: EO		CONTACT PERSON: Mr MIRZA	
SITE DETAILS: AL QAFFAY ISLAND		CONTACT NO. 0507242506	
AC DETAILS: HVAC		LOCATION DETAILS: 1 <sup>st</sup> Floor - ROF MAIN PALACE	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	
AIR CONDITIONING MACHINE:		NO. OF ROOMS SUPPLIED BY A/C:	
Type of A/C:	<input checked="" type="checkbox"/> Package Unit	<input type="checkbox"/> AHU	<input checked="" type="checkbox"/> Fan Coil / Split Unit
Tilted correctly:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray accessible:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Direct drain:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of Drip tray cleaned:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slime	<input type="checkbox"/> Mould <input type="checkbox"/> Rusty <input type="checkbox"/> Damage
TYPE OF FILTERS: FILTER CLEANING FREQUENCY:			
Filters:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of filters:	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Machine	
<b>DUCTWORK:</b>			
Only physical entry into ducts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
Access with tools only:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
NUMBER OF SUPPLY GRILLS:		NUMBER OF RETURN GRILLS:	
Type of grill:	<input type="checkbox"/> Square	<input checked="" type="checkbox"/> Rectangle	<input type="checkbox"/> Slot <input type="checkbox"/> Round
Fresh air inlet:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Return air:	<input checked="" type="checkbox"/> Ducts	<input checked="" type="checkbox"/> Cavity	
Flow dumpers:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Sensors:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Internal acoustic insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input checked="" type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
External insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input checked="" type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
Covering insulation:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Others
Sanitization of ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Entire system cleaned:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, give details
Access doors/panels present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many 07
Access doors/panels fitted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many 07
Ducts damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where
Where installed:			
Ducts size and approximate length:			
LAST CLEANED:		CURRENT CLEANING DATE:	NEXT CLEANING DATE:
		13-09-2020	13-09-2021
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
Quantity:			
Comments & recommendations: We mention the ducts, grilles, Filter, extract Fan Package unit have been cleaned and sanitized properly.			
Crystalline Representative Patrick		Signature:	
Client Representative:		Signature: 11/09/2020	



# CRYSTALLINE ENVIROMENTAL SERVICES

## AC DUCT - AFTER SERVICE REPORT

1718

CUSTOMER: <b>EO</b>		CONTACT PERSON: <b>Mr MIRZA</b>	
SITE DETAILS: <b>AL QAFFAY ISLAND</b>		CONTACT NO. <b>050 724 2506</b>	
AC DETAILS: <b>HVAC</b>		LOCATION DETAILS: <b>Main Palao-Ground Floor</b>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	
AIR CONDITIONING MACHINE:		NO. OF ROOMS SUPPLIED BY A/C:	
Type of A/C:	<input checked="" type="checkbox"/> Package Unit	<input type="checkbox"/> AHU	<input type="checkbox"/> Fan Coil / Split Unit
Tilted correctly:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray accessible:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Direct drain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of Drip tray cleaned:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slime	<input checked="" type="checkbox"/> Mould <input checked="" type="checkbox"/> Rusty <input type="checkbox"/> Damage
TYPE OF FILTERS: FILTER CLEANING FREQUENCY:			
Filters:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of filters:	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Machine	
<b>DUCTWORK:</b>			
Only physical entry into ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
Access with tools only:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
NUMBER OF SUPPLY GRILLS:		NUMBER OF RETURN GRILLS:	
Type of grill:	<input checked="" type="checkbox"/> Square	<input checked="" type="checkbox"/> Rectangle	<input type="checkbox"/> Slot <input type="checkbox"/> Round
Fresh air inlet:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Return air:	<input checked="" type="checkbox"/> Ducts	<input checked="" type="checkbox"/> Cavity	
Flow dumpers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sensors:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Internal acoustic insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input checked="" type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
External insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input checked="" type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
Covering insulation:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Others
Sanitization of ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Entire system cleaned:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, give details
Access doors/panels present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>08</b>
Access doors/panels fitted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>08</b>
Ducts damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where
Where installed:			
Ducts size and approximate length:			
LAST CLEANED:		CURRENT CLEANING DATE:	NEXT CLEANING DATE:
		<b>16-09-2020</b>	<b>16-09-2021</b>
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
Quantity:			
Comments & recommendations: <b>Ducts, Filters, diffusers, grills, package unit have been cleaned and sanitized properly</b>			
Crystalline Representative <b>Patrick</b>		Signature:	
Client Representative:		Signature:	<b>30/09/2020</b>



# CRYSTALLINE ENVIROMENTAL SERVICES

## AC DUCT - AFTER SERVICE REPORT

1719

CUSTOMER: <b>EO</b>		CONTACT PERSON: <b>Mr. MIRZA</b>	
SITE DETAILS: <b>AL QAFFAY ISLAND</b>		CONTACT NO. <b>050 724 2506</b>	
AC DETAILS: <b>HVAC</b>		LOCATION DETAILS: <b>Gym - Main Palace</b>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	
AIR CONDITIONING MACHINE:		NO. OF ROOMS SUPPLIED BY A/C:	
Type of A/C:	<input checked="" type="checkbox"/> Package Unit	<input type="checkbox"/> AHU	<input checked="" type="checkbox"/> Fan Coil / Split Unit
Tilted correctly:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray accessible:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Direct drain:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of Drip tray cleaned:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slime	<input type="checkbox"/> Mould <input type="checkbox"/> Rusty <input type="checkbox"/> Damage
TYPE OF FILTERS: FILTER CLEANING FREQUENCY:			
Filters:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of filters:	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Machine	
<b>DUCTWORK:</b>			
Only physical entry into ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
Access with tools only:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
NUMBER OF SUPPLY GRILLS:		NUMBER OF RETURN GRILLS:	
Type of grill:	<input checked="" type="checkbox"/> Square	<input checked="" type="checkbox"/> Rectangle	<input type="checkbox"/> Slot <input type="checkbox"/> Round
Fresh air inlet:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Return air:	<input checked="" type="checkbox"/> Ducts	<input type="checkbox"/> Cavity	
Flow dumpers:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Sensors:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Internal acoustic insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input checked="" type="checkbox"/> Polystyrene	<input type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
External insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input type="checkbox"/> Rockwood	<input checked="" type="checkbox"/> Foam
Covering insulation:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Others
Sanitization of ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Entire system cleaned:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, give details
Access doors/panels present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>05</b>
Access doors/panels fitted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>05</b>
Ducts damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where
Where installed:			
Ducts size and approximate length:			
LAST CLEANED:		CURRENT CLEANING DATE:	NEXT CLEANING DATE:
		<b>21-09-2020</b>	<b>21-09-2021</b>
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
Quantity:			
Comments & recommendations: <b>We mention that, Fan coil unit, ducts, grills, diffusers, filters, flexibles have been cleaned and sanitized.</b>			
Crystalline Representative: <b>Patrick</b>		Signature:	
Client Representative:		Signature:	



# CRYSTALLINE ENVIROMENTAL SERVICES

## AC DUCT - AFTER SERVICE REPORT

1720

CUSTOMER: EO		CONTACT PERSON: Mr. MIRZA	
SITE DETAILS: AL QAFFAY ISLAND		CONTACT NO. 050 724 2506	
AC DETAILS: HVAC		LOCATION DETAILS: CLINIC ACCOMMODATION	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	
AIR CONDITIONING MACHINE:		NO. OF ROOMS SUPPLIED BY A/C:	
Type of A/C:	<input type="checkbox"/> Package Unit	<input checked="" type="checkbox"/> AHU	<input checked="" type="checkbox"/> Fan Coil / Split Unit
Tilted correctly:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray accessible:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Direct drain:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of Drip tray cleaned:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slime	<input type="checkbox"/> Mould <input type="checkbox"/> Rusty <input type="checkbox"/> Damage
TYPE OF FILTERS: FILTER CLEANING FREQUENCY:			
Filters:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of filters:	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Machine	
<b>DUCTWORK:</b>			
Only physical entry into ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
Access with tools only:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
NUMBER OF SUPPLY GRILLS:		NUMBER OF RETURN GRILLS:	
Type of grill:	<input checked="" type="checkbox"/> Square	<input checked="" type="checkbox"/> Rectangle	<input type="checkbox"/> Slot <input type="checkbox"/> Round
Fresh air inlet:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Return air:	<input checked="" type="checkbox"/> Ducts	<input type="checkbox"/> Cavity	
Flow dumpers:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Sensors:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Internal acoustic insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input checked="" type="checkbox"/> Rockwood	<input checked="" type="checkbox"/> Foam
External insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input checked="" type="checkbox"/> Polystyrene	<input type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
Covering insulation:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Others
Sanitization of ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Entire system cleaned:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, give details
Access doors/panels present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many 13
Access doors/panels fitted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many 13
Ducts damaged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where
Where installed:			
Ducts size and approximate length:			
LAST CLEANED:	CURRENT CLEANING DATE:	NEXT CLEANING DATE:	
	27-09-2020	27-09-2021	
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
Quantity:			
Comments & recommendations: Ducts, Diffusers, grills, Flexibles, FCU's, FAHU, Plenum box, filters have been cleaned and sanitized properly			
Crystalline Representative: Patrick	Signature:		
Client Representative:	Signature: 11/9/20 20/09/2021		



# CRYSTALLINE ENVIROMENTAL SERVICES

## AC DUCT - AFTER SERVICE REPORT

1721

CUSTOMER: <b>EO</b>		CONTACT PERSON: <b>Mr. MIRZA</b>	
SITE DETAILS: <b>AL QAFFAY ISLAND</b>		CONTACT NO. <b>050 724 2506</b>	
AC DETAILS: <b>HVAC System</b>		LOCATION DETAILS: <b>CLINIC</b>	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER			
AIR CONDITIONING MACHINE:		NO. OF ROOMS SUPPLIED BY A/C:	
Type of A/C:	<input type="checkbox"/> Package Unit	<input type="checkbox"/> AHU	<input checked="" type="checkbox"/> Fan Coil / Split Unit
Tilted correctly:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray accessible:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Direct drain:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of Drip tray cleaned:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slime	<input type="checkbox"/> Mould <input type="checkbox"/> Rusty <input type="checkbox"/> Damage
TYPE OF FILTERS: FILTER CLEANING FREQUENCY:			
Filters:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of filters:	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Machine	
<b>DUCTWORK:</b>			
Only physical entry into ducts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
Access with tools only:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partly
NUMBER OF SUPPLY GRILLS:		NUMBER OF RETURN GRILLS:	
Type of grill:	<input checked="" type="checkbox"/> Square	<input checked="" type="checkbox"/> Rectangle	<input type="checkbox"/> Slot <input type="checkbox"/> Round
Fresh air inlet:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Return air:	<input checked="" type="checkbox"/> Ducts	<input type="checkbox"/> Cavity	
Flow dumpers:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Sensors:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Internal acoustic insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input type="checkbox"/> Rockwood	<input checked="" type="checkbox"/> Foam
External insulation:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input checked="" type="checkbox"/> Polystyrene	<input type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
Covering insulation:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Others
Sanitization of ducts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Entire system cleaned:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, give details
Access doors/panels present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>08</b>
Access doors/panels fitted:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	How many <b>08</b>
Ducts damaged:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where
Where installed:			
Ducts size and approximate length:			
LAST CLEANED:		CURRENT CLEANING DATE:	NEXT CLEANING DATE:
		<b>29-09-2020</b>	<b>29-09-2021</b>
<b>CHEMICALS &amp; EQUIPMENTS USED</b>			
Quantity:			
Comments & recommendations: <b>Grills, Diffusers, Plenum box, ducts, filters, FCU's have been cleaned and sanitized properly.</b>			
Crystalline Representative <b>Patrick</b>		Signature:	
Client Representative:		Signature: <b>30/09/2020</b>	

# CRYSTALLINE CLEANING & ENVIRONMENTAL SERVICES

## AC DUCT CLEANING & SANITIZATION

**CLIENT NAME** : ENGINEERING OFFICE  
**CONTACT PERSON** : MR. MIRZA  
**DESIGNATION** : FACILITY MANAGER  
**SITE DETAILS** : FM-1015 AL QAFFAY ISLAND.  
**DETAILS** : AC DUCT CLEANING & SANITIZATION  
**DATE OF CLEANING** : SEPTEMBER 2020  
**FREQUENCY OF CLEANING** : YEARLY  
**DATE OF NEXT CLEANING** : 05 SEPTEMBER 2021

*The HVAC system was cleaned and sanitized in accordance with NADCA ACR 2013 Standards for the HVAC Inspection, Cleaning and Restoration Association.*



*Issman Pinto*

## CRYSTALLINE CLEANING AND ENVIRONMENTAL SERVICES