

WASTEWATER JOB DOCUMENT

Think Safety and Customer Service

Date: _____

Employees: _____

Equipment _____

Time Arrived: _____ Time Departed: _____

Location/Address _____

Customer Name: _____

Phone: _____

Check all work performed/respond to customer complaints/service provided:

- | | |
|--|--|
| <input type="checkbox"/> Check Customer Cleanout/Recheck | <input type="checkbox"/> Advised Customer to Contact Plumber |
| <input type="checkbox"/> Checked Downstream MH# _____ | <input type="checkbox"/> Root Cut Main Line: _____ |
| <input type="checkbox"/> Checked Upstream MH# _____ | <input type="checkbox"/> Catch Debris Downstream |
| <input type="checkbox"/> High Pressure Clean Main Line | <input type="checkbox"/> Sewer Mainline Installed |
| <input type="checkbox"/> Overflow (On the Ground) | <input type="checkbox"/> Sewer Call |
| <input type="checkbox"/> Backup into Home or Business | <input type="checkbox"/> Camera Sewer Line (CCTV) |
| <input type="checkbox"/> Assist other Division/Department | <input type="checkbox"/> MH Installed, Repaired, Replaced, Located |
| <input type="checkbox"/> Cleanup/Site Restoration | <input type="checkbox"/> LH Repaired, Replaced, Located |
| <input type="checkbox"/> GPS MH Inspected: _____ | <input type="checkbox"/> Sewer Line Point Repair |
| <input type="checkbox"/> Investigate SSO | <input type="checkbox"/> Miscellaneous Other Work (describe) |
| <input type="checkbox"/> SL_RAT Pipe Segment Tested: _____ | <input type="checkbox"/> Erosion Control/Type: _____ |

Description of work performed: _____

Footage Rod Line: _____ Root Cut: _____ TV: _____

Pipe Size: _____ Pipe Material: _____ Gal Water Used: _____

Check all outstanding work that needs follow-up and/or needs to be completed:

- | | |
|---|--|
| <input type="checkbox"/> Restore: _____ | <input type="checkbox"/> Remove: _____ |
| <input type="checkbox"/> Contact: _____ | <input type="checkbox"/> Needs CCTV Insp.: _____ |
| <input type="checkbox"/> MH Installation: _____ | <input type="checkbox"/> Sewer Main Repair |
| <input type="checkbox"/> No Outstanding Work | |

Description of other work needed: _____

List all parts used:

N

W **E**

S

Sketch here main line or service linework completed or needs completed.

Reviewed by: _____ Date: _____
(Supervisor)

Follow-up action needed (if any)
