



SEWAGE TANK/LIFTING STATION - AFTER SERVICE REPORT

CUSTOMER:			CONTACT PERSON:		
SITE DETAILS:			CONTACT NO:		
TANK DETAILS:			LOCATION DETAILS:		
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input checked="" 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	<input type="checkbox"/> PLASTIC
<input type="checkbox"/> CONCRETE COATED		<input type="checkbox"/> POLY TANK	<input type="checkbox"/> OTHERS		
<u>SIZE OF TANK</u>			<u>QUANTITY OF SLUDGE</u>		
M3	USG	L*B*H	<input type="checkbox"/> FULL	<input type="checkbox"/> HALF	<input type="checkbox"/> EMPTY
<u>CONDITION OF SEWAGE TANK BEFORE CLEANING</u>			<u>CONDITION OF SEWAGE TANK AFTER CLEANING</u>		
<input type="checkbox"/> CLEAN	<input type="checkbox"/> DIRTY	<input type="checkbox"/> V. DIRTY	<input type="checkbox"/> CLEAN	<input type="checkbox"/> DIRTY	<input type="checkbox"/> V. DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD/SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD	<input type="checkbox"/> RUST
<u>WASTE LIQUID PUMPED</u>		<u>SLUDGE REMOVED</u>		<u>CONDITION OF PUMP</u>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAULTY
<u>TANK CLEANED</u>			<u>TANK 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>		<u>NEXT CLEANING DATE</u>	
<u>CHEMICALS & EQUIPMENTS USED</u>					
1. _____ Quantity _____					
2. _____ Quantity _____					
<input type="checkbox"/> Submersible Pump <input type="checkbox"/> High/Low Pressure Jet <input type="checkbox"/> Extension Cords <input type="checkbox"/> LED lights <input type="checkbox"/> Ladder <input type="checkbox"/> Ventilating Fan <input type="checkbox"/> Suction/Discharge Hoses <input type="checkbox"/> Oxygen Meter <input type="checkbox"/> Vacuum Cleaner <input type="checkbox"/> Air Mask <input type="checkbox"/> Foot Bath <input type="checkbox"/> Cleaning Materials <input type="checkbox"/> Waste Tanker <input type="checkbox"/> Garbage Bags <input type="checkbox"/> Hand Gloves <input type="checkbox"/> Coverall					
<u>COMMENTS & RECOMMENDATIONS:</u>					
Crystalline Representative:			Signature:		
Client Representative:			Signature:		