



CRYSTALLINE ENVIRONMENTAL SERVICES

WATER TANK - AFTER SERVICE REPORT

16301

CUSTOMER:			CONTACT PERSON:		
SITE DETAILS:			CONTACT NO:		
TANK DETAILS:			LOCATION DETAILS:		
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHERS					
TYPE OF TANK					
<input type="checkbox"/> CONCRETE	<input 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	USG	L*B*H	<input type="checkbox"/> FULL	<input type="checkbox"/> HALF	<input type="checkbox"/> EMPTY
CONDITION OF WATER TANK BEFORE CLEANING			CONDITION OF WATER TANK AFTER CLEANING		
<input type="checkbox"/> CLEAN	<input type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY	<input type="checkbox"/> CLEAN	<input type="checkbox"/> DIRTY	<input type="checkbox"/> VERY DIRTY
<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME	<input type="checkbox"/> BIOFILMS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> SLIME
<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST	<input type="checkbox"/> SEDIMENTS	<input type="checkbox"/> MUD & SAND	<input type="checkbox"/> RUST
ACCESS		MANHOLE	<input type="checkbox"/> COVERED	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> NA
LADDER IN	LADDER OUT	LEAKS	DRAIN LINE	VALVES	FLOAT VALVE
<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 type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TANK CLEANED		TANK DISINFECTED		PIPES DISINFECTED	
<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"/> NA
LAST CLEANING DATE		CURRENT CLEANING DATE		NEXT CLEANING DATE	
CHEMICALS & EQUIPMENTS USED					
1. _____ Quantity _____ 2. _____ Quantity _____ <input type="checkbox"/> Submersibel Pump <input type="checkbox"/> High/Low Pressure Jet <input type="checkbox"/> Extension Cords <input type="checkbox"/> LED lights <input type="checkbox"/> Foot Bath <input type="checkbox"/> Ladder <input type="checkbox"/> Ventilating Fan <input type="checkbox"/> Suction/Discharge Hoses <input type="checkbox"/> Oxygen Meter <input type="checkbox"/> Vacuum Cleaner <input type="checkbox"/> Cleaning Materials					
COMMENTS AND RECOMMENDATION:					
Crystalline representative:				Signature:	
Customer/Customer representative:				Signature:	



CRYSTALLINE ENVIROMENTAL SERVICES

KITCHEN EXHAUST SYSTEM - AFTER SERVICE REPORT

2201

CUSTOMER:		CONTACT PERSON:	
SITE DETAILS:		CONTACT NUMBER:	
NAME OF KITCHEN:		LOCATION:	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> HOTEL <input type="checkbox"/> RESIDENCIAL <input type="checkbox"/> RESTAURANT			
Type & Size of Hood:			
Cooking Volume:	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium <input type="checkbox"/> Low
Type of Filters:	<input type="checkbox"/> Mesh	<input type="checkbox"/> Baffle	<input type="checkbox"/> N/A
Filters in Place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Filter Cleaning Freq.	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Not Known
Comments:			
FIRE PROTECTION SYSTEM			
Kitchen:	<input type="checkbox"/> Powder	<input type="checkbox"/> CO2	<input type="checkbox"/> Foam <input type="checkbox"/> Other
Cooker Hoods:	<input type="checkbox"/> CO2	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Dry Powder <input type="checkbox"/> Other
Fire Dampers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fusible Links:	<input type="checkbox"/> Yes <input type="checkbox"/> No
DUCTWORK			
Duct Made of:	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Other
Physical Entry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partly
Access with Tools only:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partly
Vertical Access:	<input type="checkbox"/> Rope access	<input type="checkbox"/> Safety Harness	<input type="checkbox"/> N/A
Entire System Cleaned	<input type="checkbox"/> Yes	<input type="checkbox"/> No if No, give details	
Comments			
Doors/Plates Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No. of doors	<input type="checkbox"/> No of Panels
Doors/Plates Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No. of doors	<input type="checkbox"/> No of Panels
Where Installed:			
Duct Size & Approx. Length:	Insulated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condition of Ducts:	<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	<input type="checkbox"/> Very Dirty
Damaged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Where	<input type="checkbox"/> N/A
Exhaust Fans:	<input type="checkbox"/> Upblast	<input type="checkbox"/> Inline	<input type="checkbox"/> Utility <input type="checkbox"/> Others
Location:	Condition of Roof:		
LAST CLEANING DATE	CURRENT CLEANING DATE	NEXT CLEANING DATE	
CHEMICALS AND EQUIPMENTS USED			
<input type="checkbox"/> JETTING MACHINE <input type="checkbox"/> INLET WATER HOSE <input type="checkbox"/> EXTENTION CORDS <input type="checkbox"/> VACCUM CLEANER <input type="checkbox"/> LED LIGHTS <input type="checkbox"/> PLASTICS ROLL/BAGS <input type="checkbox"/> SUITABLE PPE <input type="checkbox"/> DEGREASER CHEMICAL <input type="checkbox"/> LADDER			
COMMENTS AND RECOMMENDATION:			
Crystalline Representative:		Signature:	
Customer Representative:		Signature:	



CRYSTALLINE ENVIROMENTAL SERVICES

AC DUCT - AFTER SERVICE REPORT

1951

CUSTOMER:		CONTACT PERSON:	
SITE DETAILS:		CONTACT NO.	
AC DETAILS:		LOCATION DETAILS:	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input 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 type="checkbox"/> Fan Coil / Split Unit
Tilted correctly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray accessible:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Drip tray:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Direct drain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition of Drip tray cleaned:	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of filters:	<input type="checkbox"/> Duct	<input type="checkbox"/> Machine	
DUCTWORK:			
Only physical entry into ducts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partly
Access with tools only:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partly
NUMBER OF SUPPLY GRILLS:		NUMBER OF RETURN GRILLS:	
Type of grill:	<input type="checkbox"/> Square	<input 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 type="checkbox"/> Ducts	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input type="checkbox"/> Rockwood	<input type="checkbox"/> Foam
External insulation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:	<input type="checkbox"/> Polystyrene	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
Entire system cleaned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, give details
Access doors/panels present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many
Access doors/panels fitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many
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:	
CHEMICALS & EQUIPMENTS USED			
Quantity:			
Comments & recommendations:			
Crystalline Representative		Signature:	
Client Representative:		Signature:	



CRYSTALLINE ENVIRONMENTAL SERVICES

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MANHOLE, GULLY TRAP, DRAINAGE - AFTER SERVICE REPORT

CUSTOMER:		CONTACT PERSON:	
SITE DETAILS:		CONTACT NUMBER:	
NAME OF MANHOLE:		LOCALISQTION:	
TYPE OF BUILDING: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> RESIDENCIAL <input type="checkbox"/> INDUSTRIAL			
<u>PART OF DRAINAGE</u>			
<input type="checkbox"/> MANHOLE <input type="checkbox"/> UNDERGROUND DRAINAGE PIPE <input type="checkbox"/> GULLY TRAP <input type="checkbox"/> GREASE TRAP			
<input type="checkbox"/> DRAINAGE PIPE <input type="checkbox"/> APPARENT DRAINAGE PIPE <input type="checkbox"/> EMBEDDED DRAINAGE PIPE			
<u>CONDITION OF MANHOLE, GULLY TRAP, DRAINAGE BEFORE CLEANING</u>			
<input type="checkbox"/> LITTLE DIRTY <input type="checkbox"/> DIRTY <input type="checkbox"/> VERY DIRTY <input type="checkbox"/> RUST <input type="checkbox"/> SEDIMENTS <input type="checkbox"/> MUD			
<input type="checkbox"/> BIOFILMS <input type="checkbox"/> SLIME <input type="checkbox"/> GREASE <input type="checkbox"/> ROOT <input type="checkbox"/> SAND <input type="checkbox"/> MOULDS			
<input type="checkbox"/> OBSTRUCT <input type="checkbox"/> BLOCK <input type="checkbox"/> FLUENT FLOW <input type="checkbox"/> LOW FLOW <input type="checkbox"/> ANOTHER: _____			
MANHOLE BLOCKED		GULLY TRAP BLOCKED	
<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
COMMENTS:			
MANHOLE AND GULLY TRAP COVER: <input type="checkbox"/> COVERED <input type="checkbox"/> DAMAGED <input type="checkbox"/> BLOCKED <input type="checkbox"/> ADAPTED			
<u>CONDITION OF MANHOLE, GULLY TRAP, DRAINAGE AFTER CLEANING</u>			
<input type="checkbox"/> LITTLE CLEAN <input type="checkbox"/> CLEAN <input type="checkbox"/> VERY CLEAN <input type="checkbox"/> FLUENT FLOW <input type="checkbox"/> LOW FLOW <input type="checkbox"/> UNBLOCK			
	MANHOLE	GULLY TRAP	STORM WATER
NUMBER OF MANHOLE CLEANED			DRAINAGE
NUMBER OF MANHOLE BLOCKED			TOTAL
<u>ACCESS</u>			
<input type="checkbox"/> LADDER IN		<input type="checkbox"/> NO LADDER	
MANHOLE CLEANED		GULLY TRAP CLEANED	
<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
DRAINAGE CLEANED		ALL DISINFECTED	
<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
<u>SERVICES OF DATES</u>			
LAST CLEANING DATE	LAST CLEANING DATE	LAST CLEANING DATE	
<u>CHEMICALS AND EQUIPMENTS USED</u>			
<input type="checkbox"/> PRESSURE MACHINE <input type="checkbox"/> JETTING MACHINE <input type="checkbox"/> MULTIGAS DETECTEUR <input type="checkbox"/> INLET WATER HOSE			
<input type="checkbox"/> EXTENTION CORDS <input type="checkbox"/> VACCUM CLEANER <input type="checkbox"/> VENTILATION FAN <input type="checkbox"/> CLEANING MAT			
<input type="checkbox"/> LED LIGHTS <input type="checkbox"/> PLASTICS ROLL <input type="checkbox"/> PLASTICS BAGS <input type="checkbox"/> SUITABLE PPE			
<input type="checkbox"/> TRIPOD <input type="checkbox"/> AIR REPAIR 7D-A <input type="checkbox"/> DEGREASER CHEMICAL <input type="checkbox"/> LADDER			
<u>COMMENTS AND RECOMMENDATION:</u>			
Crystalline representative:			Signature:
Customer/Customer representative:			Signature: