

**LEAK** /  **BREAK** /  **DAMAGE**  
(Please check appropriate box)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ FH:  Main:  Service:  Other: \_\_\_\_\_

Address/Location: \_\_\_\_\_ W.O. #: \_\_\_\_\_

City: \_\_\_\_\_ Cross Street: \_\_\_\_\_

Type of Pipe: \_\_\_\_\_ Pipe Size: \_\_\_\_\_ Plat Sheet: \_\_\_\_\_

Had Contractor Requested Locations? Yes  No  N/A

Had Pipe Been Located? Yes  No  N/A

Was Pipe Located Correctly? Yes  No  N/A

Company/Individual: Name: \_\_\_\_\_

Address: \_\_\_\_\_

(street # and name)

(city)

(zip code)

Phone: \_\_\_\_\_

(home)

(business)

(fax)

Describe Accident: \_\_\_\_\_

Fire Hydrant ID: \_\_\_\_\_ Water Loss: \_\_\_\_\_ Permit Required? Yes  No

Police Report? Yes  No

Case #: \_\_\_\_\_

Patch Required? Yes  No

AC Patch Size:  X  X

Concrete Patch Size:  X  X

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Hydrant Maintenance/Repairs Performed**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ PSI: \_\_\_\_\_ In Service: Yes  No

No. of Outlets: \_\_\_\_\_ Guard Posts: Yes  No  Check Valve: Yes  No

Comments: \_\_\_\_\_

Crew #: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Maintenance/Repairs Performed**

Anode Location: Main  Meter Box  Other (Describe) \_\_\_\_\_ Pressure: \_\_\_\_\_

FH ID #: \_\_\_\_\_ Service Lateral Address or Acct #: \_\_\_\_\_

Outside Diameter (OD): \_\_\_\_\_ Depth to Top of Pipe: \_\_\_\_\_

Type: Circumferential  Longitudinal  Other (specify) \_\_\_\_\_

Shutdown Required: Yes  No  How long: \_\_\_\_\_

Break Location (tie to GIS, i.e., from a gate valve, blow-off, fire hydrant, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Crew #: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pipe Condition	Inspected		Condition		
	Yes	No	Good	Fair	Bad
Condition of Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbonized or Graphitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cement Lined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo Taken	<input type="checkbox"/>	<input type="checkbox"/>	Location of Photo		
Soil Sample Taken	<input type="checkbox"/>	<input type="checkbox"/>			

**Soil Test Analysis**

Soil Resistivity: \_\_\_\_\_ pH: \_\_\_\_\_ Soil Type: \_\_\_\_\_

ROUTE:		
DEPARTMENT	DATE	NAME
OPERATIONS DEPT.		
FIELD SERVICES COORDINATOR		
CONSTRUCTION DEPT.		
CORROSION SPECIALIST		
G.I.S. (O.C.)		