			K / D BRE				
Date:	Time:		FH: Mair	: Servic	ce: 🗌 (Other:	
Address/Location:						W.O. #:	
City:	Cross Street:						
Type of Pipe:	Pipe Size: Plat Sheet:						
	Had Contractor Requested Locations? Yes No N/A						
	Had P	ipe Been Locate	ed?	Yes	☐ No	□ N/A □	
	Was F	Pipe Located Co	rectly?	Yes	☐ No	□ N/A □	
Company/Individual:	Name:						
Address:							
,	eet # and name	e)	(city)			(zip code)	
Phone:	me)		(business)		(fax)		
Describe Accident: _	•		(500)11000)		(IdX)		
Fire Hydrant ID:		Water	Loss:	Permit	Required?	Yes □ N	lo 🗆
-	Yes 🗌	No 🗆	Case #:		a a quin a a i		
Patch Required?		No 🗌	AC Patch S	ize:	X	lx 🗀	
			Concrete P		X	x	
Signed:						Date:	
		Fire Hydrant	Maintenance/R	epairs Perforn	ned		
Manufacturer:		Model #:	Р	SI:	In Service	e: Yes 🗆] No □
No. of Outlets:		Guard Pos	sts: Yes	No 🗌	Check Va	alve: Yes] No □
Comments:							
Crew #:	Naı	me:				Date:	
		Other Ma	intenance/Repa	irs Performed			
Anode Location:	Anode Location: Main Meter Box Other (Describe) Pressure:					ə:	
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 0	GIS, i.e., from a	a gate valve, blow-of					
Comments:							
Crew #:	N	ame:				Date:	
Pipe Condition	on	Inspected Condition Yes No Good Fair		Bad			
Condition of Exterior	UII		No 🗌			Fair	

	Inspected		Condition		
Pipe Condition	Yes	No	Good	Fair	Bad
Condition of Exterior					
Condition of Interior					
Carbonized or Graphitized					
Tuberculated					
Cement Lined					
Photo Taken			Location of Photo		
Soil Sample Taken					

		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.)		