

LEAK COMPLAINT

Received By: _____ Date: _____ Work Order #: _____

Time Received: _____ a.m. / p.m. Time Dispatched: _____ a.m. / p.m.

Name: _____ Physical Address: _____

Reported By:
____ Public (name): _____
____ Phone #: _____
____ Company Employee: _____
____ Police or Fire Department
____ Other: _____

Apparent Location of Leak:
____ Inside House (location) _____
____ Customer Yard Line
____ Customer Line
____ Meter or Regular
____ Other: _____

Nature of Complaint:
____ Gas Odor
____ Check for Fumes
____ Construction Damage
____ Visible or Audible Leak
____ Other: _____

Customer was Advised:
____ Not to switch lights or appliances on / off
____ To turn off gas
____ Leave building
____ Other: _____

Comments: _____

LEAK INVESTIGATION

Time Arrived: _____ a.m. / p.m. Time Completed: _____ a.m. / p.m.

Were there any leaks? Yes No Leakage amount: _____ cu. ft. / _____ mins.

How was investigation made?
Shut-in Test: _____ Soap Test: _____ Detector: _____

Leak Classification: Hazardous: _____ Non-Hazardous: _____

Was meter tested proper operation? Yes No
Meter Left On Off Blind Disk Installed Yes No
Meter Blocked Yes No Meter Insulated Yes No

Did gas have a distinctive odor? Yes No

Customer advised to call plumber? Yes No

Leak Location:
____ Customer Piping _____ Appliance
____ Company Line _____ Meter
____ Regular _____ Fitting
____ Other: _____

Comments: _____

Resolved By: _____ Date Resolved: _____ Supervisor's Initials: _____