

Job Service Report

Job Scheduling Information

Next Scheduled Service
 Next Date: _____
 P.O. Number: _____

_____/_____/_____/_____/_____
 Foreman Day Time see note
 P.O. Number: _____
 Invoice Number: _____

Job Name: _____ / _____ Phone: _____ 2/ _____
Kitchen Site

Address: _____ City: _____ P.C.: _____

Authorized by: _____ Position: _____ Job Contact: _____

New Sale: ___ Freq x Yr. ___ OK? ___ Starting Time: _____ / _____ a.m. Hours: ___ M ___ H ___ M ___ H
Day of Week Time This Time Last Time

Describe System: Type of Cooking: _____ Hood Type: _____ # _____ Cond. _____

Filter Type: _____ # _____ Cond. _____ Fan Type/Size: _____ # _____ Locate: _____

Locate Fan Switch: _____ Belt Size: _____ A/P #: _____

WORK TO BE PERFORMED: No. of Systems to Clean: ___
 O/S Hood: ___ I/S Hood: ___ Filters: ___ Ducts: ___ Fans: ___
 F/F: ___ Polish: ___ Other Equip.: ___ Stove Work: ___

WORK DONE: No. of Systems Cleaned: _____
 O/S Hoods: ___ I/S Hoods: ___ Filters: ___
 Ducts: ___ Fans: ___ F/F: ___ Polish: ___
 Other Equip.: ___ Stove Work: ___ A/P #: _____
 Fan Tipped: ___ / ___ A/P Removed: ___ / ___
Y N Y N

SERVICES PERFORMED: SPECIAL INFORMATION

K.E.S. #1 \$ _____ _Locate A/P's
 #2 \$ _____ _Special Areas Power Washed
 F/F \$ _____ _Serious Inaccessible Areas
 Stove Work \$ _____ _Spec. Tools or Arrangements
 Other Equipment \$ _____ _Warnings for next time
 (explain)
 Access Panel # \$ _____ _Need Spin-Jetting
 Tax \$ _____ _Other Comments
 TOTAL \$ _____
 TERMS: \$ _____
 Next cleaning charge \$ _____
 (if different)

SEE ALPHA FILE _____

SEE ATTACHED SHEET _____

COMPLAINT last time: ___ (see file)

Job Scheduled by _____ Job Reconfirmed with _____ / _____
Time Called

Locate Invoice: _____ Locate Certificate: _____ / _____
Expiry Date

Except for coffee breaks, the crew was only in portion of premise relating to our work. All areas left clean:

Foreman's Signature: _____ Workers: _____ Certificate #: _____

After Service Follow-Up Report *(Check all those needed)*

Inaccessible Areas Y / N A/P needed Y / N Fan Hinge Y / N Filters Y / N Increase Frequency Y / N
 Roof Containment needed Y / N Other Problems Y / N If Y, explain: _____