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WAREWASH SERVICE REPORT

FACILITY NAME:	
STREET ADDRESS:	
CITY / STATE / ZIP:	
CONTACT NAME:	
PHONE NUMBER:	
DISPENSER MODEL:	
SERIAL NUMBER:	

SPECIALIST:			
DISTRIBUTOR/SUPPLIER:			
CALL TYPE:	◯ EMERGENCY ◉ ROUTINE		
DATE:	_____ / _____ / _____		
TIME:	ARRIVAL _____ AM	DEPARTURE _____ AM	
DISHMACHINE INFORMATION			
MAKE:			
MODEL:		RACK COUNT:	
HIGH TEMP _____	LOW TEMP _____		

PROCEDURES G-GOOD F-FAIR P-POOR	
BUSSING	G
PRESOAKING	G
PRESCRAPPING	G
RACKING	G
GENERAL SANITATION	G

OVERALL RESULTS G-GOOD F-FAIR P-POOR	
DISHES	G
GLASSES	G
TRAYS	G
FLATWARE	G
COFFEE CUPS	G
POTS/PANS	G

✓= OK **DISHMACHINE** X = NEEDS ATTENTION			
PRE-WASH TEMP	☐☐	DRAINS	☐☐
WASH TEMP	☐☐	MACHINE INTERIOR	☐☐
PRE-RINSE TEMP	☐☐	WASH ARMS	☐☐
FINAL RINSE TEMP	☐☐	RINSE ARMS	☐☐
RINSE PRESSURE	____ PSI	PUMPS	☐☐
FILL VALVE	☐☐	RINSE VALVE	☐☐
OVERFLOW	☐☐	CURTAINS	☐☐

TEST KIT	
WATER SOFTENER	Y ◉ N ◯
WATER HARDNESS (GPG)	HOT _____ COLD _____
BICARB. ALKALINITY	_____ PPM
LO-TEMP AV. CHL.	_____ PPM
DETERGENT CONC.	_____ MLS _____ PPM

CONDITIONS FOUND / ACTION TAKEN / OTHER COMMENTS:

DATA REPORT
rAC=
PbLs=
FILL=
dEt=
rnSE=
SAnI=
L_t1=
L_t2=
PrOb=
E_t1=
E_t2=

RECOMMENDED PRODUCT ORDER

QTY.	CODE	PRODUCT / SIZE	QTY.	CODE	PRODUCT / SIZE

CUSTOMER SIGNATURE _____ SPECIALIST _____

CUSTOMER COPY