

CUSTOMER:				
STREET ADDRESS:				
CITY / STATE / ZIP:				
CONTACT NAME:				
PHONE NUMBER:				
MACHINE #	1	2	3	4
DISPENSER MODEL:				
# OF PUMPS				
SERIAL NUMBER:				

SPECIALIST:				
DISTRIBUTOR/SUPPLIER:				
CALL TYPE:	() EMERGENCY () ROUTINE			
DATE:	____/____/____			
TIME:	ARRIVAL ____ AM/PM		DEPARTURE ____ AM/PM	
MACHINE #	1	2	3	4
MACHINEMAKE:				
MODEL:				
RATED CAPACITY				

MACHINE #	1	2	3	4
WATER LEVELS OK?				
TEMP °F HOT/WARM	/	/	/	/
DRAIN VALVES OK?				
PROPER AGITATION?				
FABRIC RESULTS				
APPEARANCE				
FINAL PH				
ODOR				
FEEL				
STAIN REMOVAL				

TEST KIT				
MACHINE #	1	2	3	4
WASH CYCLE PH				
BLEACH CYCLE PH				
BLEACH CONC. PPM				
CHLORINE RETENTION				
IRON	LIGHT <input type="checkbox"/> MED <input type="checkbox"/> HVY <input type="checkbox"/>			
WATER SOFTENER	YES <input type="checkbox"/> NO <input type="checkbox"/>			
WATER HARDNESS	HOT ____ COLD ____ (GPG)			
BICARB ALKALINITY	____ PPM			
OTHER				

PROCEDURES	TRAINING NEEDED	OK
COLLECTION		
SORTING		
PRETREATMENT		
LOADING		
WASHING		
DRYING		
STORAGE		
FORMULA SELECTION		
GENERAL SELECTION		
RECLAIM		

CONDITIONS FOUND / ACTION TAKEN / OTHER COMMENTS:

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

CUSTOMER SIGNATURE _____ SPECIALIST _____