



J PIT

SWO No: _____

Contractor :	Order Number :
Job Location :	Date Required :
Contact Person :	Contact Number :

Cover	No <input type="checkbox"/>	Class 'B' <input type="checkbox"/>	Class 'C' <input type="checkbox"/>	Class 'D' <input type="checkbox"/>	Concrete Surround <input type="checkbox"/>
Riser Cap	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Fitting Type <input style="width: 100%;" type="text"/>		
Pallet	No <input type="checkbox"/>	Yes <input type="checkbox"/>			
Drop Junction	No <input type="checkbox"/>	Attached <input type="checkbox"/>	Unattached <input type="checkbox"/>	Height <input style="width: 50%;" type="text"/>	
Other	<input style="width: 100%; height: 20px;" type="text"/>				

Customer Code:

JP Number :
Depth :



Downstream / Outlet

_____ ∅

Grade 1: _____

Note
 All angles are measured
 clockwise from downstream

Take-off By:

Checked By:

Drill Date :	Pre-Dispatch Checks By:
Drilled By :	Angle :
Checked By :	Grade :
Welded By :	Welds :
Pressure Test By :	Finish :
Pressure Test	Drop :
Fail <input type="checkbox"/>	Pass <input type="checkbox"/>
Repaired <input type="checkbox"/>	Re-Test <input type="checkbox"/>
Customer Notified :	