

POO PIT

SWO No: _____

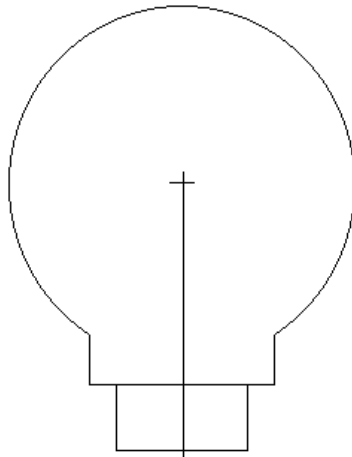
Contractor :	Order Number :
Job Location :	Date Required :
Contact Person :	Contact Number :
Drawing Reference No :	Revision :

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: _____

MS 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 :
Test By :	Finish :
Test Date :	Drop :
Test Type Pressure <input type="checkbox"/>	
Test Result Fail <input type="checkbox"/>	
Spark <input type="checkbox"/>	
Pass <input type="checkbox"/>	
Repaired <input type="checkbox"/>	
Re-Test <input type="checkbox"/>	
Customer Notified :	