## **GAS LEAK AND REPAIR REPORT**

Name of Complex:	
Address:	
Receipt of Report:	
Date:	Time:
	<del></del>
Location of Leak:	
(add	ress, intersection, etc.)
Reported by:	
(Name)	(Address)
Description of Leak:	
	(inside/outside)
Leak Detected by:	
Leak Reported by:	
Report Received by:	
D'4.11	
<u>Dispatched</u>	m·
Date:	Time:
Investigation Assigned to:	
Assigned as Immediate Action Descriped?	(Name)
Assigned as Immediate Action Required?	165 110
<u>Investigation</u>	
	Time:
	Leak Found? Yes No
CGI Used? Ves No	Leak Grad: 1 2 3
Location of Leak:	
Cause of Leak:	
Condition Made Safe: Date:	
Repair Report	_
Length of Pipe Exposed:	feet Veld (give type) Valve Other
Leak at: Threads Coupling W	/eld (give type) Valve Other
	) Cast Iron( ) Other( ) Depth ( )
Coating: Enamel ( ) Wrapped ( )	
Condition: Excellent ( ) Good ( )	
	oam ( ) Other (describe)
Moisture: Dry Dam	np Wet
Repairs Made:	
	applied Tape ( ) Other (describe)
	de Weight lbs Depth Installed
Repairs Made by:(Nar	Date
Foreman:	
(Signature)	(Signature)
Posted by:	Date: