

TELEPHONIC REPORT OF CUSTOMER LEAK

FORM 12

COMPANY: _____

Customer Leak Information

Time Call Received: _____ a.m./p.m. Date: _____

Name of Caller: _____ Caller's Phone Number: _____

Name of Customer if not Caller: _____

Address of Leak: _____

Nature of Complaint: Odor () Blowing Gas () Dead Vegetation ()
Other (describe): _____

Is the gas odor or sound inside the residence? Yes _____ No _____

If so, where is it located? (at the water heater, at the heating system, at the stove, in the hall, in the kitchen, etc.): _____

Is the gas odor or sound outside the residence? Yes _____ No _____

If so, where is it located? (at the meter, near the street, at the house, in the ditch, at the pool, at the gas grill, etc.): _____

How long have you been smelling or hearing the gas? _____

Will someone be home for us to check the leak? Yes _____ No _____

Leak Response Information

Time Dispatched Investigator: _____ am/p.m. Date: _____

Name of Investigator: _____

Time of Investigator Arrival at Scene of Leak: _____ a.m./p.m.

Action Taken: _____

Time of Investigator Completion at Scene of Leak: _____ a.m./p.m.

Additional Follow-up (if needed): Yes _____ No _____

If so, what type of follow-up: _____

Additional Remarks: _____

Signature of Investigator: _____

Signature of Supervisor: _____