

LAUNDRY SERVICE REPORT

CUSTOMER:		SPECIALIST:	
STREET ADDRESS:		DISTRIBUTOR/SUPPLIER:	
CITY / STATE / ZIP:		CALL TYPE:	() EMERGENCY () ROUTINE
CONTACT NAME:		DATE:	____ / ____ / ____
PHONE NUMBER:		TIME: ARRIVAL ____ AM/PM	DEPARTURE ____ AM/PM

MACHINE #	1	2	3	4
DISPENSER MODEL:				
# OF DISP. PUMPS:				
SERIAL NUMBER:				
MACHINE MAKE:				
MACHINE MODEL:				
RATED CAPACITY:				

MACHINE #	1	2	3	4	TEST KIT				PROCEDURES	TRAINING NEEDED	OK	
WATER LEVELS OK?					MACHINE #	1	2	3	4	COLLECTION		
TEMP °F HOT/WARM	/	/	/	/	WASH CYCLE PH					SORTING		
DRAIN VALVES OK?					BLEACH CYCLE PH					PRETREATMENT		
PROPER AGITATION?					BLEACH CONC. PPM					LOADING		
FABRIC RESULTS					CHLORINE RETENTION					WASHING		
APPEARANCE					IRON	LIGHT <input type="checkbox"/>	MED <input type="checkbox"/>	HVY <input type="checkbox"/>		DRYING		
FINAL PH					WATER SOFTENER	YES <input type="checkbox"/>	NO <input type="checkbox"/>			STORAGE		
ODOR					WATER HARDNESS	HOT ____	COLD ____	(GPG)		FORMULA SELECTION		
FEEL					BICARB ALKALINITY	____ PPM				GENERAL SELECTION		
STAIN REMOVAL					OTHER					RECLAIM		

CONDITIONS FOUND / ACTION TAKEN / OTHER COMMENTS:

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

CUSTOMER SIGNATURE _____ SPECIALIST _____