

# WAREWASH SERVICE REPORT

Facility Name:	
Street Address:	
City/State/Zip:	
Contact Name:	
Phone Number:	
Dispenser Model:	
Serial Number:	

Specialist:	
Distributor / Supplier:	
Service Call Type:	( ) Emergency ( ) Routine
Date:	____ / ____ / ____
Time:	Arrival ____ am/pm Departure ____ am/pm
Dishmachine Information	
Make:	
Model:	Rack Count:
High Temp _____	Low Temp _____

Procedures <small>G-Good F-Fair P-Poor</small>	
Bussing _____	
Presoaking _____	
Prescrapping _____	
Racking _____	
General Sanitation _____	

Overall Results <small>G-Good F-Fair P-Poor</small>	
Dishes _____	
Glasses _____	
Trays _____	
Flatware _____	
Coffee Cups _____	
Pots/Pans _____	

<b>✓ = OK Dishmachine X = <sup>Needs</sup> Attention</b>	
Pre-wash Temp _____	Drains _____
Wash Temp _____	Machine Interior _____
Pre-Rinse Temp _____	Wash Arms _____
Final Rinse Temp _____	Rinse Arms _____
Rinse Pressure _____ psi	Pumps _____
Fill Valve _____	Rinse Valve _____
Overflow _____	Curtains _____

Test Kit	
Water Softener	Yes__ No__
Water Hardness (GPG)	Hot _____ Cold _____
Bicarb. Alkalinity	_____ ppm
Lo-Temp Av. Chl.	_____ ppm
Detergent Conc.	_____ mls _____ ppm

<b>Conditions Found / Action Taken / Other Comments:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>Data Report</b> rAC = _____ PbLs = _____ FILL = _____ dEt = _____ rnSE = _____ SAnI = _____ L_t1 = _____ L_t2 = _____ PrOb = _____ E_t1 = _____ E_t2 = _____
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### Recommended Product Order

Qty.	Code	Product / Size	Qty.	Code	Product / Size

Customer Signature \_\_\_\_\_ Specialist \_\_\_\_\_

CUSTOMER COPY

1-653-WT (L000104)