

POO PIT

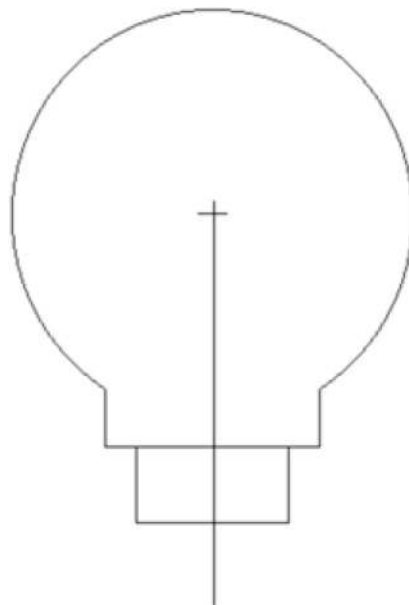
Contractor	:	Order Number	:
Job Location	:	Date Required	:

Cover	No <input type="checkbox"/>	L.D. <input type="checkbox"/>	H.D. <input type="checkbox"/>	CI Concrete Surround <input type="checkbox"/>
Riser Cap	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Fitting Type <input 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 type="text"/>
Other	<input type="text"/>			

Customer Code:

MS Number :

Depth:



Note
 All angles are measured clockwise from downstream

Downstream / Outlet

∅ Grade 1: _____

Take-off By:	<input type="text"/>	Checked By:	<input type="text"/>
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Drill Date	Pre-Dispatch Checks By:	
Drilled By	Angle
Checked By	Grade
Welded By	Welds
Pressure Test By	Finish
Pressure Test	Fail <input type="checkbox"/> Pass <input type="checkbox"/>	Drop
Tested By	Customer Notified