

Job Control Sheet

Job#

Client:	Order No:
Sales Contact:	Quote Number:
Job Date:	Order Received:
Sherpa Engineer:	
Assistant Engineer:	
Site Address:	Client Address:
Site Contact:	Client Contact:
Position:	Position:
Tel. No:	Tel. No:
Mobile No:	Mobile No:
Email:	Email:

Lab Sample Details

No. Samples	Type	Lab	Date to Lab	Comments

Job Details:

Job Complete

Client Name	Signature	Date

Scope/ Specific Area:

Note: Make certain that a written system description is included

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Site Checklist

CLIENT: ~

Job No: ~

PRE-SURVEY CHECKS	TICK/CIRCLE	COMMENTS	INITIALS
Do you have any permits needed to work on system?	Yes/No	.....
Tag all outlets with warning labels?	Yes/No	.....
Post warning notices on all washroom doors?	Yes/No	.....
All occupants (including cleaners, contractors etc) notified?	Yes/No	.....
Is eyewash and water supply available at work/chlorine preparation site?	Yes/No	.....
Is all necessary safety equipment available for use by all operatives on site? Use when handling and mixing	Yes/No	.....
Are schematics available and have leadlegs / redundant pipework or equipment been accounted for	Yes/No	.....
PPE			
Safety boots/Wellington's		.....
Overalls/full acid suit.		.....
Chemical resistant gloves.		.....
Safety glasses.		.....
Full-face visor.		.....
Equipment			
Vacuum equipment		.....
Pressure washer		.....
Spill containment material		.....
Warning notices.		.....
Ladders	A B C D E		
Safety Catches Working	Yes/No	.....
Warning Sign	Yes/No	.....

Note: Make certain that a written system description is included

Signed		
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St. Albans
 AL3 7PR
 01582 343116
 info@sherpaenvironmental.co.uk

Tank Cleaning Information Sheet

Client: ~
Job No #~

Tank ID/ Asset No.	Exact Location <i>(i.e. Loft Above Flat 2, tank nearest hatch)</i>	Size (Litres)	Cleared (Tick)	Tank Type <i>(circle)</i>	Initials
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	
				GRP / GRP Sectional / Galvanized Steel/ Plastic	

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Please comment on any additional remedial action issues for each tank on the Action Summary Form

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Domestic System Disinfection
Chemical – Supersil or Huwa-san TR50

Client: ~
Job No #~

DISINFECTION PROCEDURE – DCW/DHW (Supersil or Huwa-San TR50)	Check	INITIALS
1) Isolate and drain the cws tank via a submersible pumps & hoses to a suitable point or as directed by site.		
2) Monitor throughout the drain down period.		
3) Clean the internals and vacuum debris & sediment from the base.		
4) Refill the cws tank and dose with 100ppm of Huwa-san TR50.(200ml/m3)		
5) Ensure an effective blend of product and water.		
6) Monitor throughout the disinfection period with test strips and record.		
7) Return this tank to service and repeat the process if there are more than one tank.		
8) Record any observations as to the condition of the internals of the tank on the job notes.		
9) Please photo the externals and the internals of the tank (pre clean & post clean)		
10) Please label and date the cws tanks		
11) Obtain signature on the service visit report and ensure any defects on the cws tank that were observed during the operation are also fully documented.		

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Shower / Outlet Disinfection

Client: ~

Job No #~

Showers / Outlets Location	Extent of Limescale	Chemical	Cleaned?	DATE/TIME	INITIALS
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		
	Severe Medium Light None		YES NO		

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	Severe Medium Light None		YES NO		
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INFORMATION REQUIRED FOR LOGBOOK PRODUCTION
Number>

Client: ~<ClientName> Job No #~<Project

Water System	Item 1	Item 2	Item 3	Item 4	Item 5
Tank No.					
Location					
Nearest Cold Outlet					
Furthest Cold Outlet					
Calorifier No					
Location					
Nearest Hot Outlet					
Furthest Hot Outlet					
Shower No (inc spray outlets/spray hoses)					
Location					
Butlers Sink No					
Locations					
Rarely Used Outlets Locations					
Cooling Tower No					
Location					
Other Water System					

Water System	Item 1	Item 2	Item 3	Item 4	Item 5
Tank No.					
Location					
Nearest Cold Outlet					
Furthest Cold Outlet					
Calorifier No					
Location					
Nearest Hot Outlet					
Furthest Hot Outlet					
Shower No (inc spray outlets/spray hoses)					
Location					
Butlers Sink No					
Location					
Rarely Used Outlets Locations					
Cooling Tower No					
Location					
Other Water System					

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Action Summary

Client Client: ~

Job No: ~

ASSET ID	TANK/ ASSET LOCATION	HAZARD / REMEDIAL DESCRIPTION	PRIORITY	RECOMMENDED ACTION
			1 high 2 Med 3 Low	
			1 high 2 Med 3 Low	
			1 high 2 Med 3 Low	
			1 high 2 Med 3 Low	
			1 high 2 Med 3 Low	
			1 high 2 Med 3 Low	
			1 high 2 Med 3 Low	
			1 high 2 Med 3 Low	

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Safe system of work	
Confined space	
Customer Company Details	
Site details	Address: Contact name: Contact no:
Implementation & Control of Risk	
Hazardous Task – Risk	Method of Control
Location of access manholes. Check method of entry	Use signing and guarding as required stairs, steps, ladder.
Access working area Classified as a confined space Risk assessment produced on site	Use appropriate fall arrest/retrieval system. Atmospheric testing undertaken before entry. Escape breathing apparatus used during entry. Full rescue equipment available.
Inspection of area and location of work	One man (top man) will remain at each entry point. Contactor's men to enter the bottom man at each manhole plus middle safetyman where appropriate. Maintain communication.
Use of equipment/ tools Safe use of safety equipment	Is lighting to be provided for each manhole as required. Ventilate where required. All equipment I.S./ATEX approved. All entrants instructed on safety equipment.
Site control	
Inspection of equipment	All safety equipment is maintained and certified In accordance with manufacturer's recommendations Certification available on request
Customer awareness	The customer to be made aware of potential dangers throughout the entry, by the top man.
Safety equipment available	
Portable gas detectors (O2/H2s/methan/CO) – 10 minute compressed air escape BA 45 minute BA rescue sets + spare cylinders – oxygen resuscitator Rescue tripod & winch – IS communications system – IS lighting Entonox pain relief – rescue stretcher – first aid kit- defibrillation kit	
Prepared by:	Signed: Date:

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