



RECEIVED

JUL 07 2015

PUBLIC SERVICE
COMMISSION

2371 Irvine Road, Richmond, KY 40475

(TEL.) 859-623-0112 (FAX.) 859-626-0822

A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

TO: Kentucky Public Service Commission

Attention: Joel Grugin

211 Sower Blvd

Frankfort, KY 40602

Case No. 2012-00362

June 30, 2015

The following documentation is being submitted by RussMar Utility Management, LLC. on behalf of the Tompkinsville Natural Gas System.

Documents Included:

1. Pressure Charts (Office) April - June (9 pages)
2. Odorometer Readings - May (1 page)
3. Patrolling - May (1 page)
4. Cathodic Readings - May (1 page)
6. Visual Inspections of Mains & Service Pipelines – April-June (3 pages)
7. Main & Service Abandonment Records – April-June (2 pages)
8. Leak Repair – April-June (5 pages)
9. Dispatcher Call Reports – April-June (25 pages)



2371 Irvine Road, Richmond, KY 40475

(TEL.) 859-623-0112 (FAX.) 859-626-0822

A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

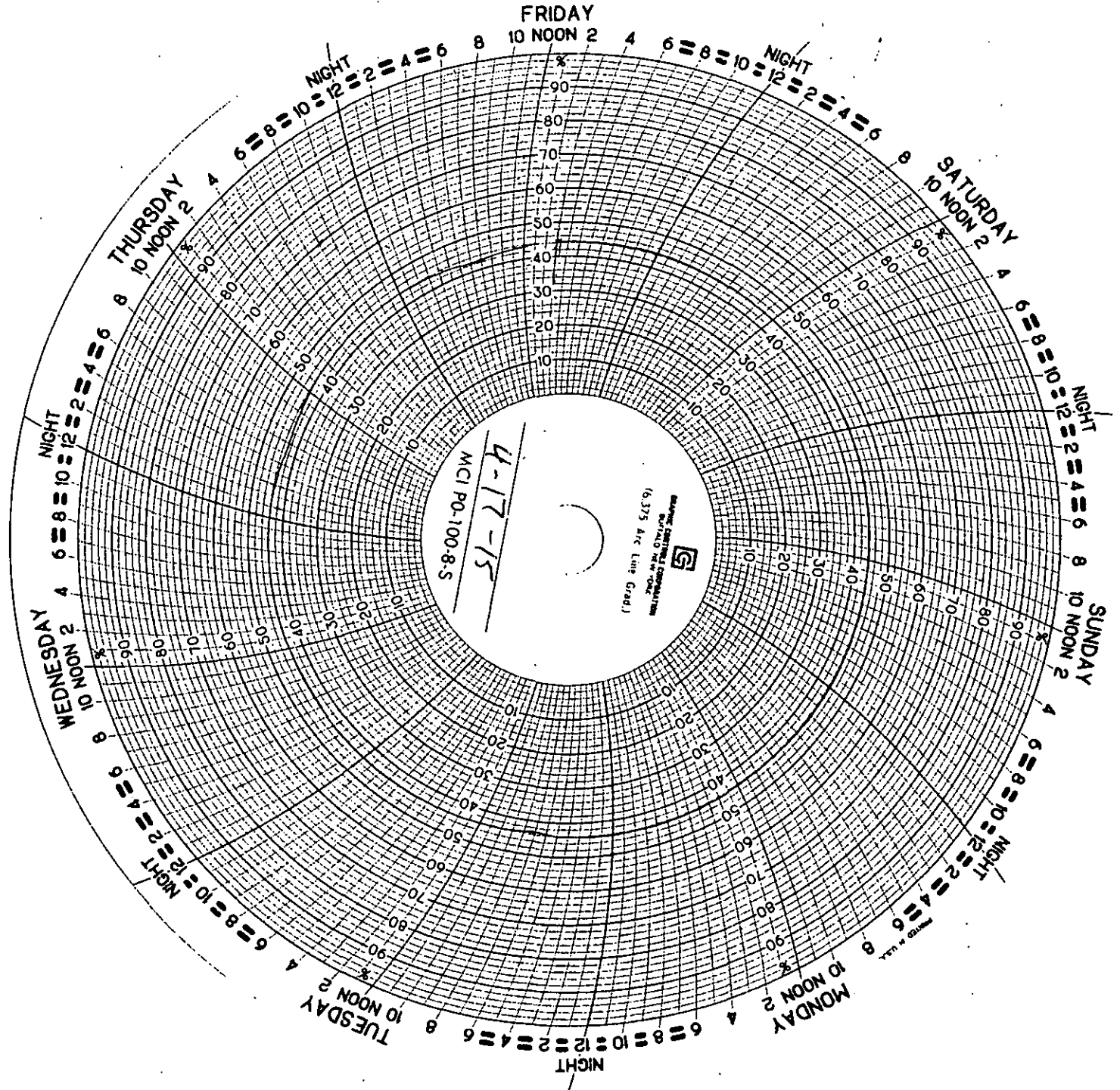
*A hard copy of the above mentioned documents were mailed to the Kentucky Public Service Commission, Attention Joel Grugin on July 6, 2015 by Zane Salyers of RussMar Utility Management, LLC.

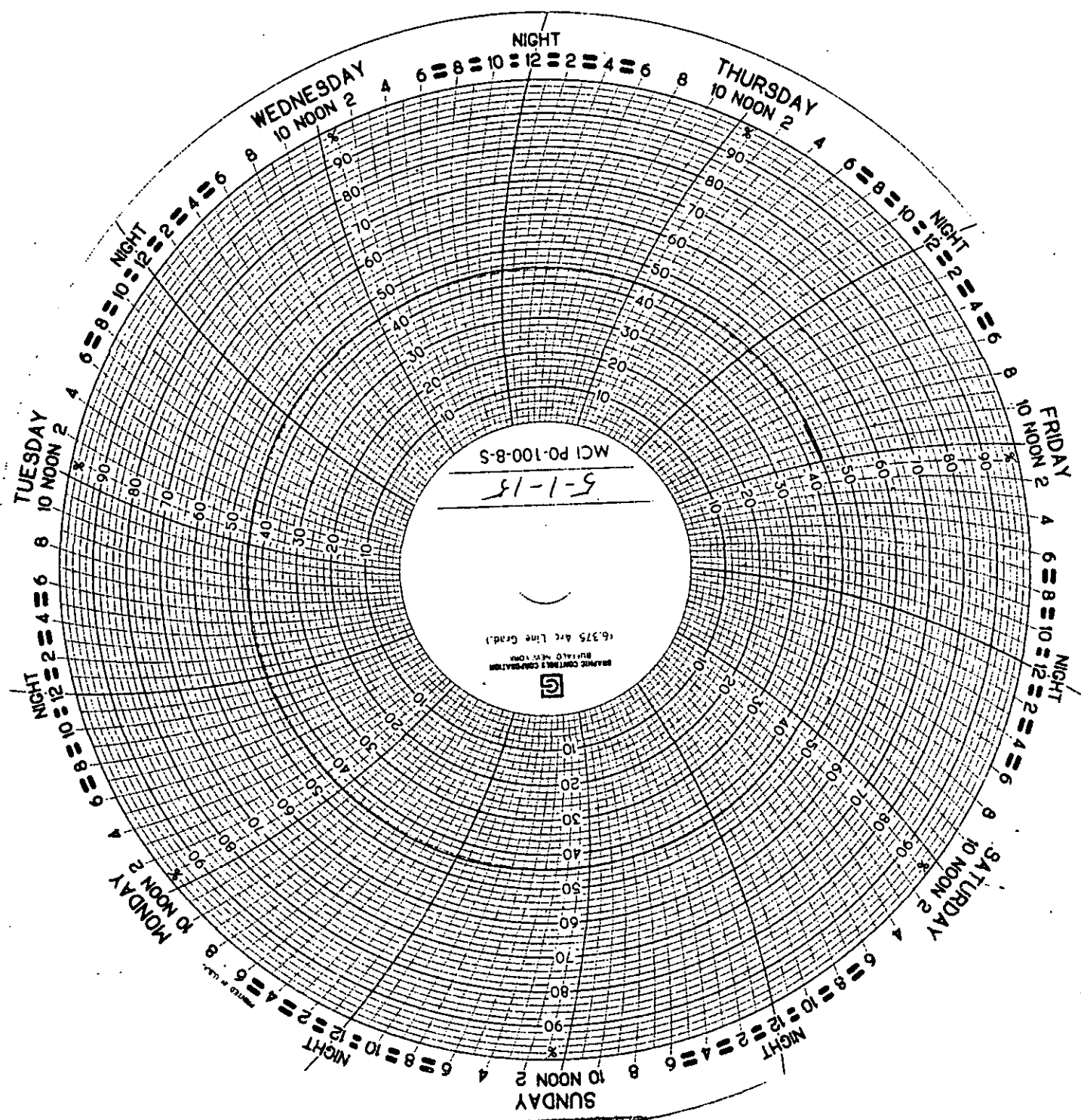
Sincerely,

A handwritten signature in cursive script that reads "Zane Salyers".

Zane Salyers

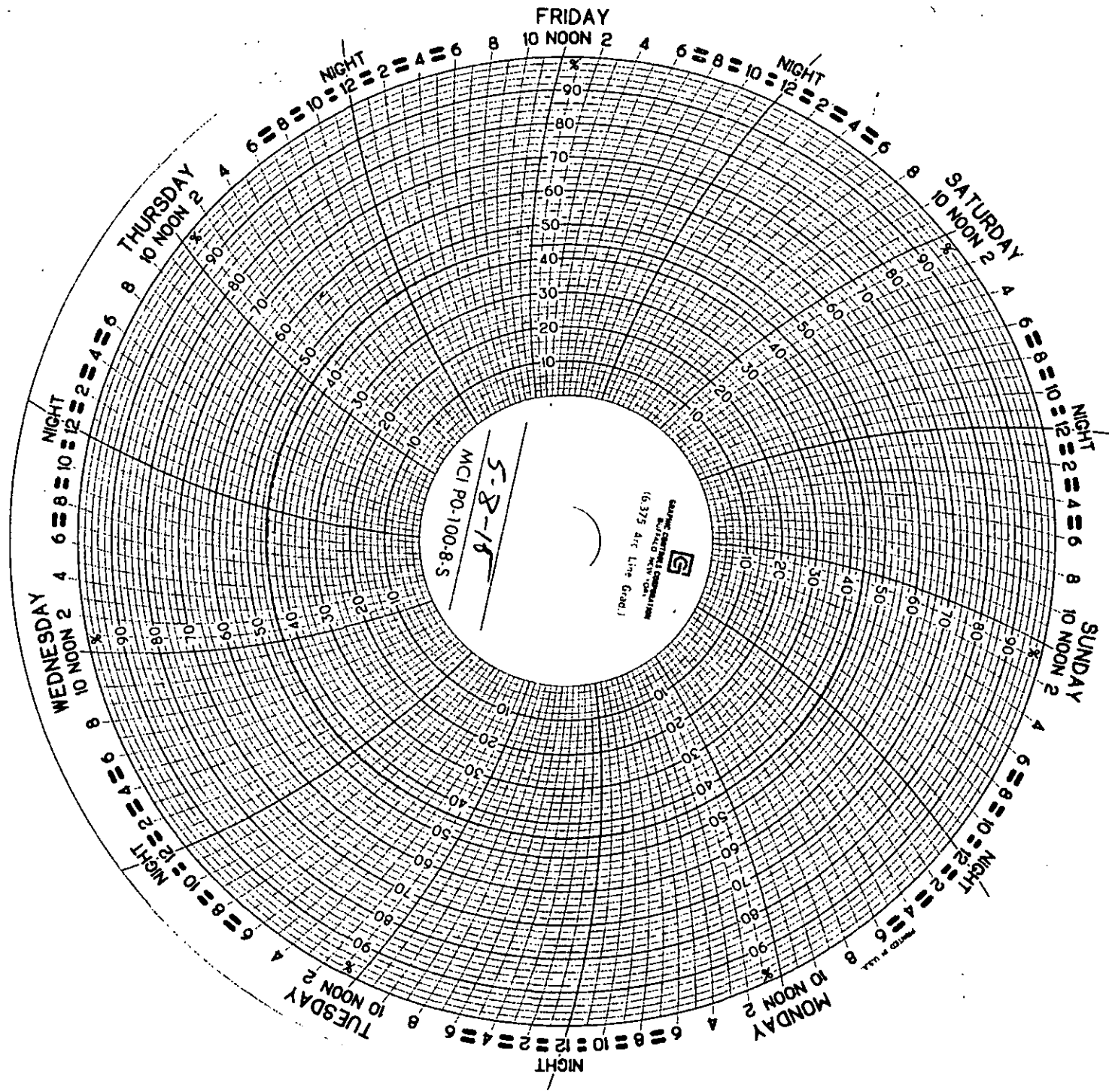
606-305-6438

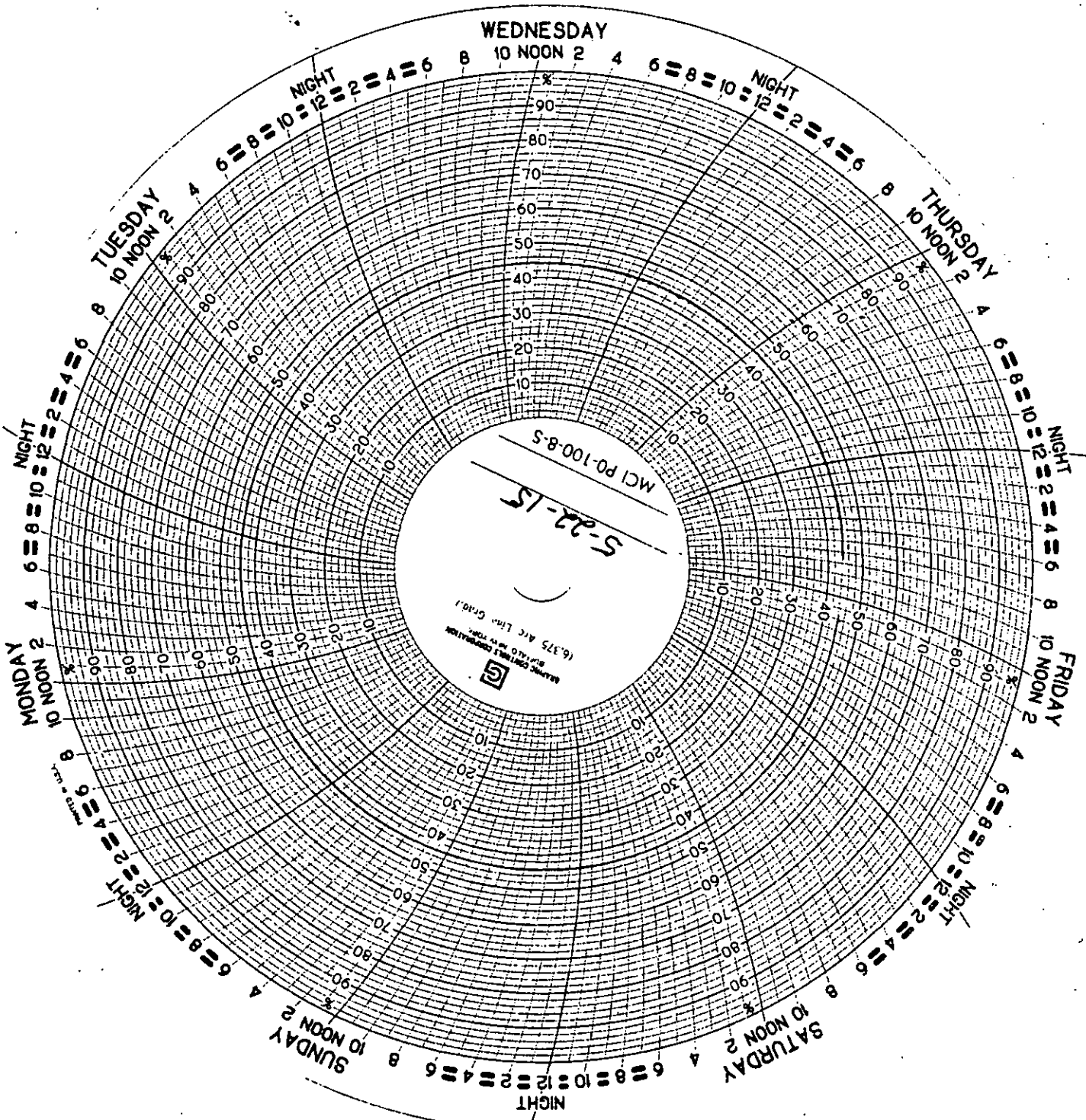


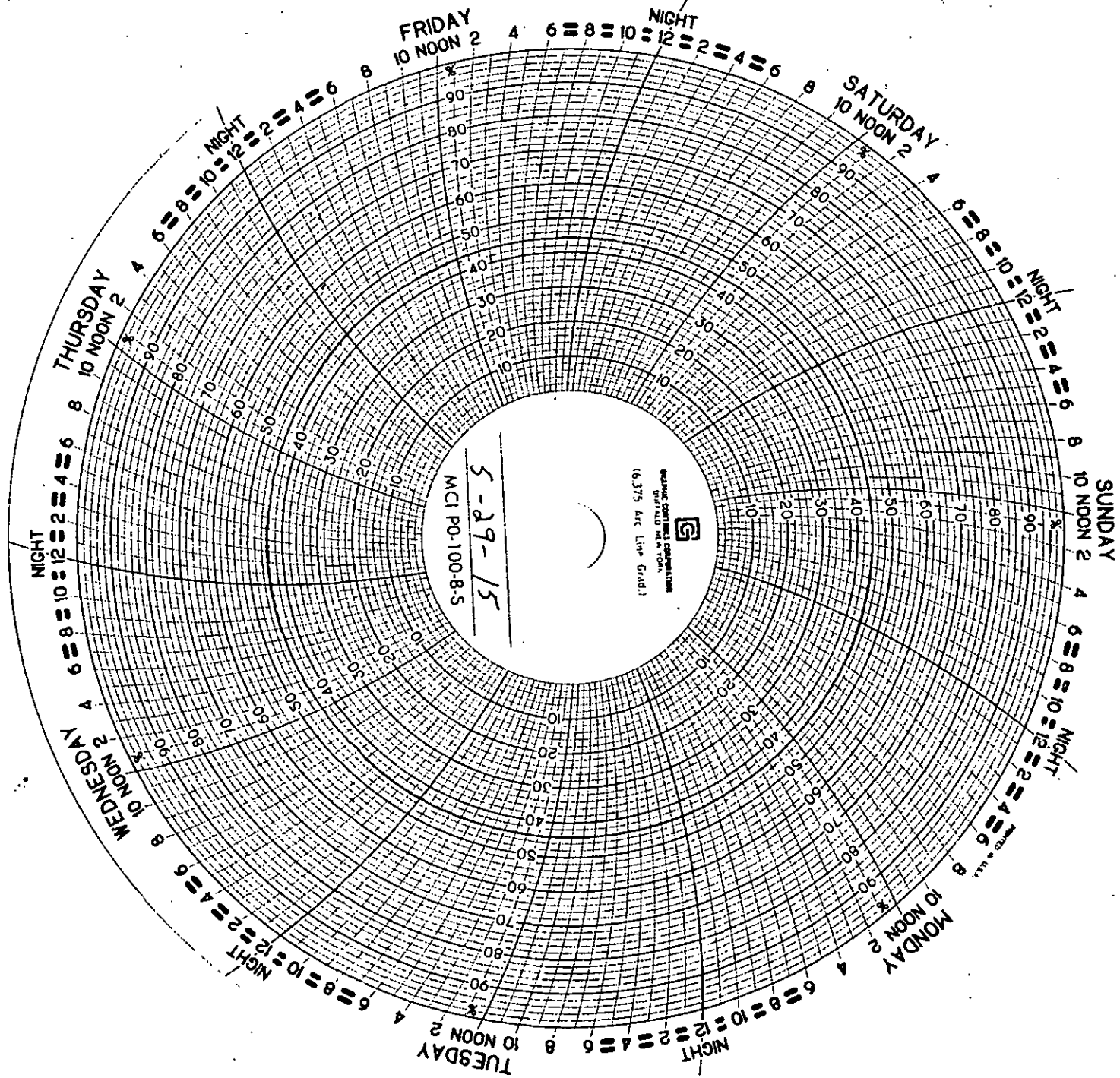


MCI PO-100-8-S
5-1-15

BRANIC CONTROLS CORPORATION
BUFFALO, N.Y. 14203
16,375 Ave Line Grids







FRIDAY
10 NOON 2 4 6 8 10 12 2 4 6

SATURDAY
10 NOON 2 4 6 8 10 12 2 4 6

SUNDAY
10 NOON 2 4 6 8 10 12 2 4 6

MONDAY
10 NOON 2 4 6 8 10 12 2 4 6

TUESDAY
10 NOON 2 4 6 8 10 12 2 4 6

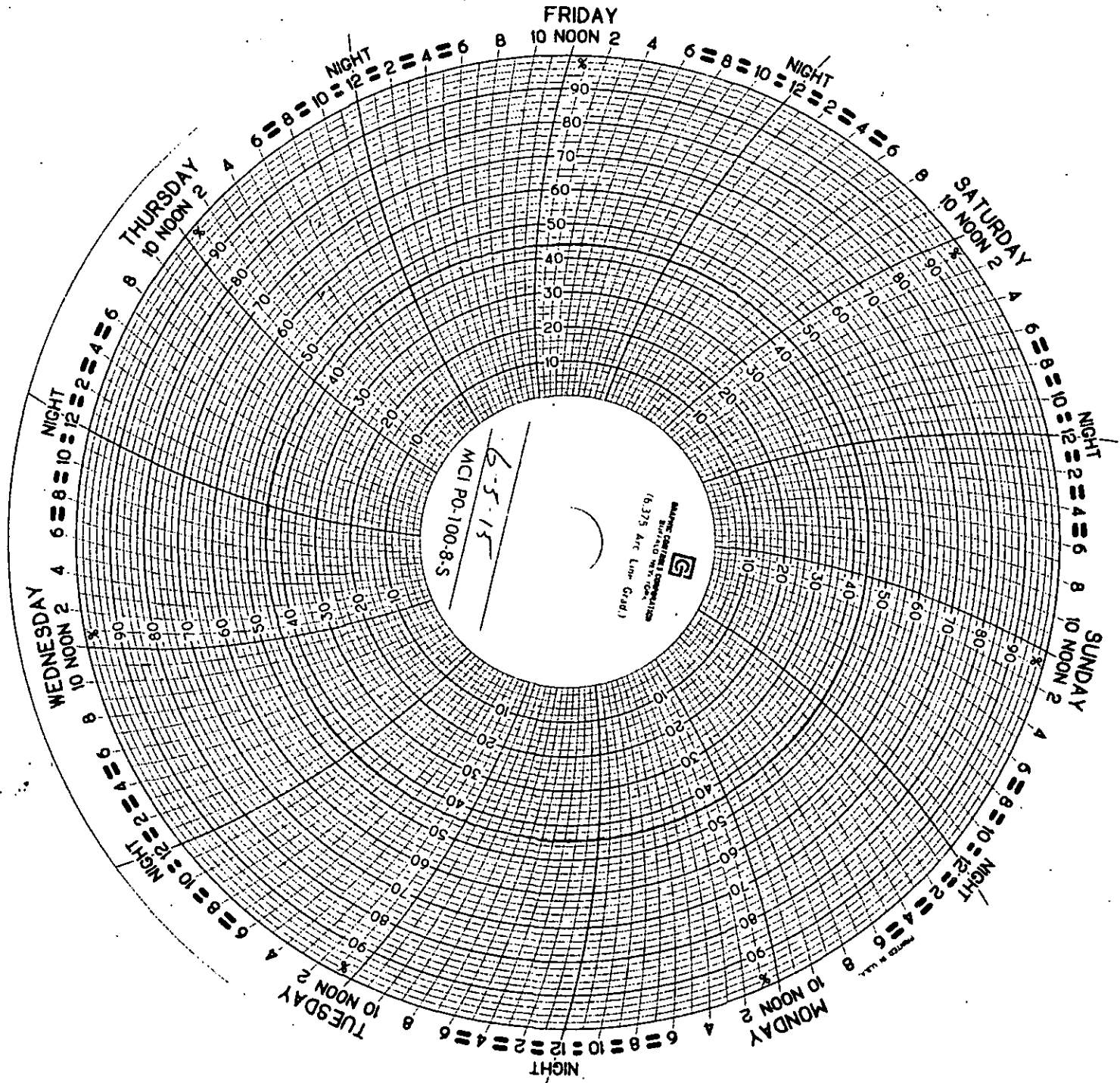
WEDNESDAY
10 NOON 2 4 6 8 10 12 2 4 6

THURSDAY
10 NOON 2 4 6 8 10 12 2 4 6

MCI PO-100-8-S
5-29-15

DYNAMIC CONTROLS CORPORATION
BUFFALO, NEW YORK
(6375 Arc Line Grid)





City of Tompkinsville

PATROLLING DISTRIBUTION SYSTEM			
Patrol Starting Date	5-4-15	Patrol Ending Date	5-6-15
Mapping Section		Block Map Section	
VISUAL OBSERVATION INSPECTION			
Leakage Indicated (location and indication: vegetation, asphalt, concrete, excavation, erosion, tampering, damage)			
<i>None visual</i>			
Condition at highway, major thoroughfare, secondary road, railroad crossings, right-of-ways.			
Other extenuating circumstances that may affect the present and continued safety and integrity of the pipeline facility.			
<i>Contractor plowing in phone cable on Hwy 1049, No wire to locate the pipeline as well as no mapping has caused issues.</i>			
Follow-up maintenances, repairs, preventative measures, testing, and precautionary actions.			
<i>New gas main is being installed in portions of the business district to remove leak issues in the areas. Due to corrosion.</i>			
Atmospheric corrosion survey, involving localized and general corrosion. Corrosion at the riser where it exits the ground. Checks for the effects of lightening and stray current as well chemical/bacteria electrolytes.			
Number of qualified employees patrolling ? (1-10).			
Signature Patrolling Personnel	<i>Jasen Warner</i>	Date of This Report	5-7-15
Signature Patrolling Personnel		Date of This Report	
Signature Patrolling Personnel		Date of This Report	
Signature Patrolling Personnel		Date of This Report	

City of Tompkinsville

Cathodic Testing

2015

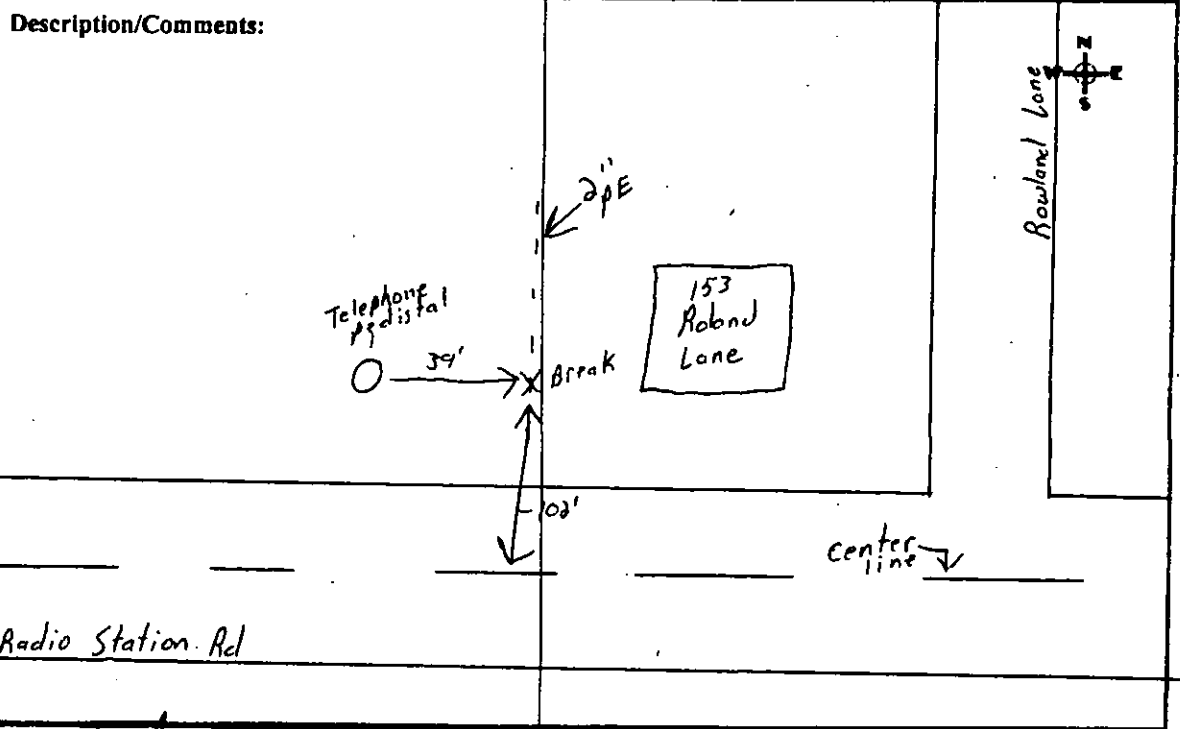
Station Test Points	January	February	March	April	May	June	July	August	September	October	November	December
2" Green Hills					-1.094							
3" Green Hills					-1.020							
2" Inlet Idru					-1.004							
3" Outlet Idru					-1.032							
2" Rocky Query					-.988							
3" Rocky Query					-.986							
Town Border					-1.009							
3" East Inlet					-1.013							
Poplar Log Inlet					-1.187							
Poplar Log Outlet					-1.178							
Sandlick					-1.693							
Red Line					-							

Mai Anderson

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address 153 Roland Lane		Location Tompkinsville, Ky	
TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	✓ Localized	Millwrap
PE	✓ Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxidemp
Main	Hole/Voids		Xtrocot
Service	Graphitization		Mastic
Other	Bent		Cold Roll
	Broken		Hot Wrap
	Other		Heat Shrink

COATING CONDITION	SOIL TYPE	SOIL COMPOSITION	EXCAVATION
Good	✓ Rock	Dry	Main Extension
Poor	Cluder	Wet/Swampy	Service Tap
Damaged	Clay	✓ Normal	✓ Leak Repair
Other	Loam	Moister Range (3-5)	Re-rooting
	Sand	Moister Range (5-8)	Third Party
	Alluvion		Abandonment
	Other		Deactivation
			Utility Theft
			Other

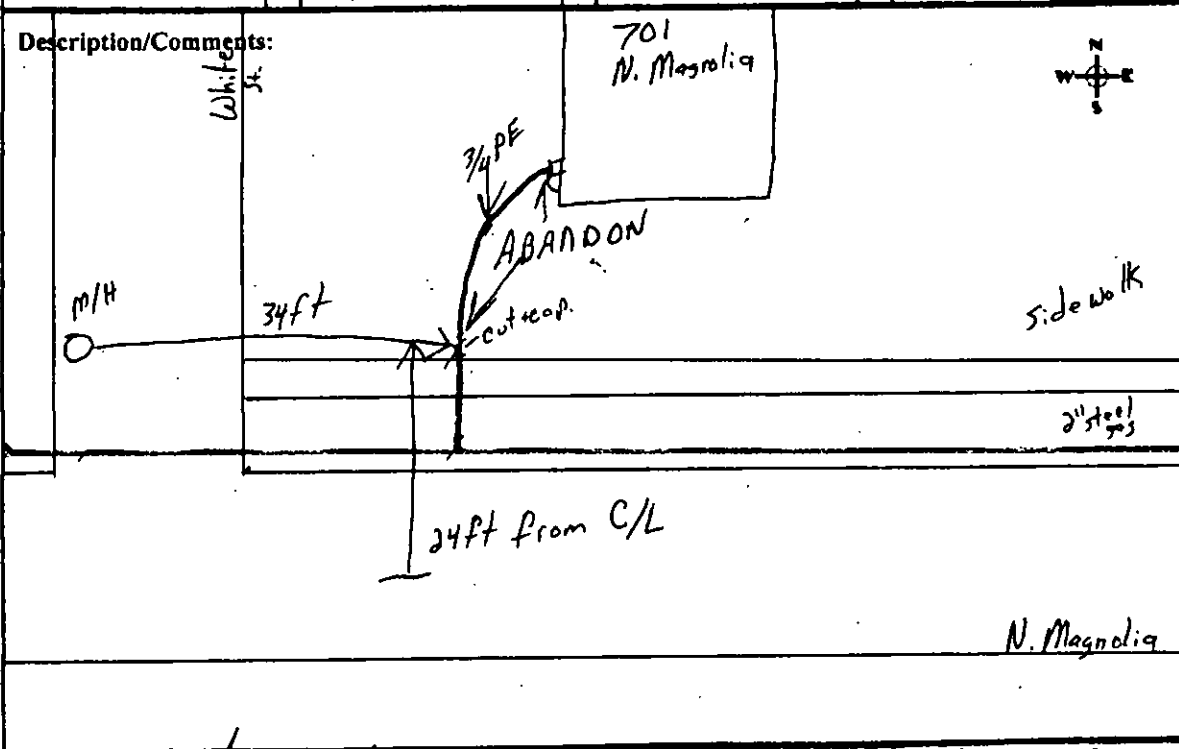


Name: Jason Wane **Date:** 4-29-15

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address	701 N. Magnolia		Location	Tompkinsville, Ky	
TYPE	CONDITION	CORROSION	COATING TYPE		
Steel	✓ Excellent	Localized	Millwrap		
PE	Good	✓ General	Enamel		
Cast Iron	Slight Pitting	Other	Rookote		
CSST	Extreme Pitting	Pitting Depth	Oxidemp		
Main	Hole/Voids		Xtrucoat		
Service	Graphitization		Mastic		
Other	Bent		Cold Roll		
	Broken		Hot Wrap		
	Other		Heat Shrink		

COATING CONDITION	SOIL TYPE	SOIL COMPOSITION	EXCAVATION		
Good	✓ Rock	Dry	Main Extension		
Poor	Cinder	Wet/Swampy	✓ Service Tap		
Damaged	Clay	✓ Normal	Leak Repair		
Other	Loam	Moister Range (3-5)	Re-routing		
	Sand	Moister Range (5-8)	Third Party		
	Alluvion		Abandonment		
	Other		Deactivation		
			Utility Theft		
			Other		



Name: *Jason W.* Date: *4-13-15*

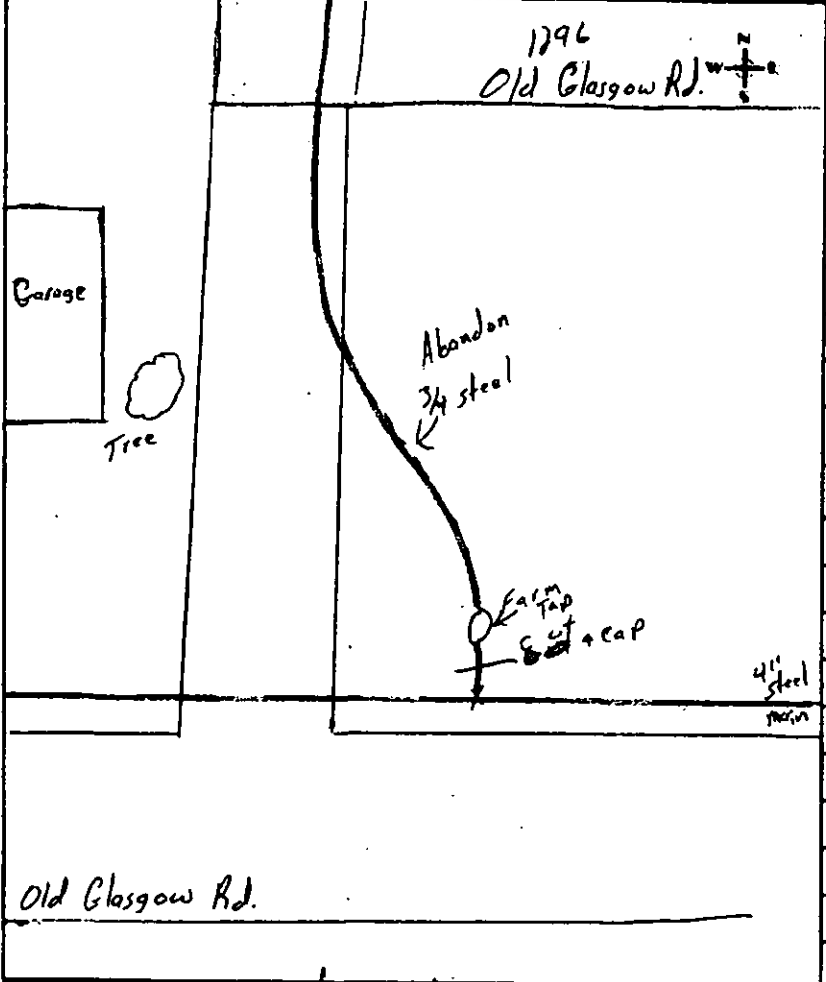
VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address: 3260 Radio Station Rd		Location: Tompkinsville, Ky	
TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	Localized	Millwrap
PE	Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roakote
CSEI	Extreme Pitting	Pitting Depth	Oxidemp
Main	Hole/Voids		Xtrucoat
Service	Graphitization		Mastic
Other	Bent		Cold Roll
	Broken		Hot Wrap
	Other		Heat Shrink
COATING CONDITION	SOIL TYPE	SOIL COMPOSITION	EXCAVATION
Good	Rock	Dry	Main Extension
Poor	Cluder	Wet/Swampy	Service Tap
Damaged	Clay	Normal	Leak Repair
Other	Loam	Moister Range (3-5)	Re-routing
	Sand	Moister Range (5-8)	Third Party
	Alluvion		Abandonment
	Other		Deactivation
			Utility Theft
			Other
Description/Comments: Utility pole 21 ft 			
3260 Radio Station Rd ↓ Driveway		47 ft CL PE	
Name: Jason W.	Date: 4-13-15		

156
1947
1948

NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	1296 Old Glasgow Rd	Apt#		City	Tombinsville	City	Monroe	Time Received		Date Received	
Customer Name	Bobby Hood					Phone#		Customer Account#			
Crewleader Name	Marvin Anderson			Date Received		Date Abandoned	6-11-15				
Date Purged		Purged Length		Purge Medium		Comp Air <input checked="" type="checkbox"/>	Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	



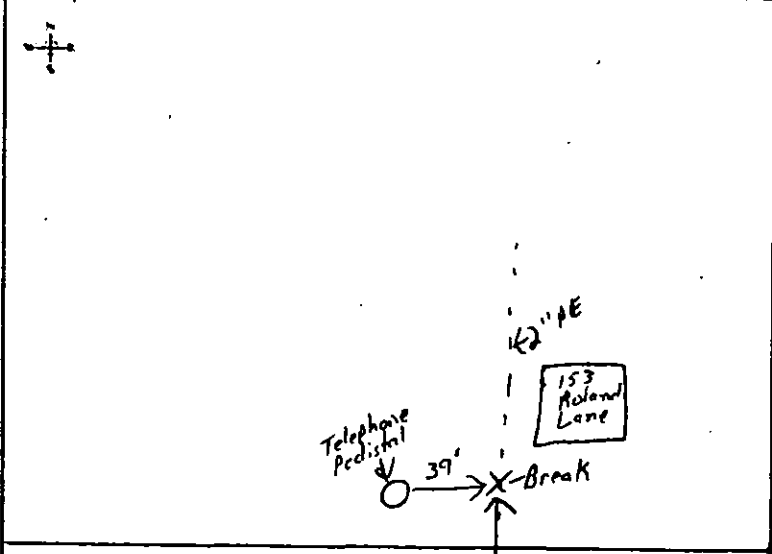
Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pipe Size	3/4	Pipe Type	steel
Seal Type/Material			
LOCATION/TYPE TASK RENDERED			
Gas Main Location	Old Glasgow Rd		
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Service Location	1296 Old Glasgow Rd		
Piping Class Removed	Main Removed <input type="checkbox"/>	Service Removed <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Drawing of streets relational to removed pipe			

REMARKS

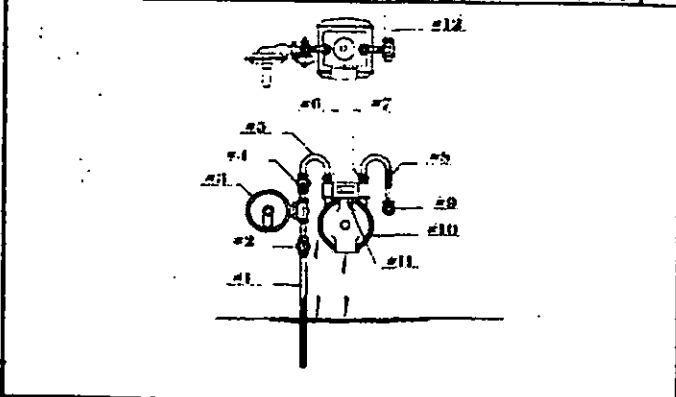
Screwed down tap, cut & capped the old 3/4" line. Removed old service line from the ground.

Signature	Jason W.	Date	6-11-15 6-11-15
-----------	----------	------	----------------------------

Address: 153 Roland Lane City: Tompkinsville/Mongee State: Ky



Case #	Date		
Classification	Grade 1	<input checked="" type="checkbox"/> Grade 2	Grade 3
Meter #	Inside		
Manufacturer #	Outside <input checked="" type="checkbox"/>		



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Radio Station Rd.

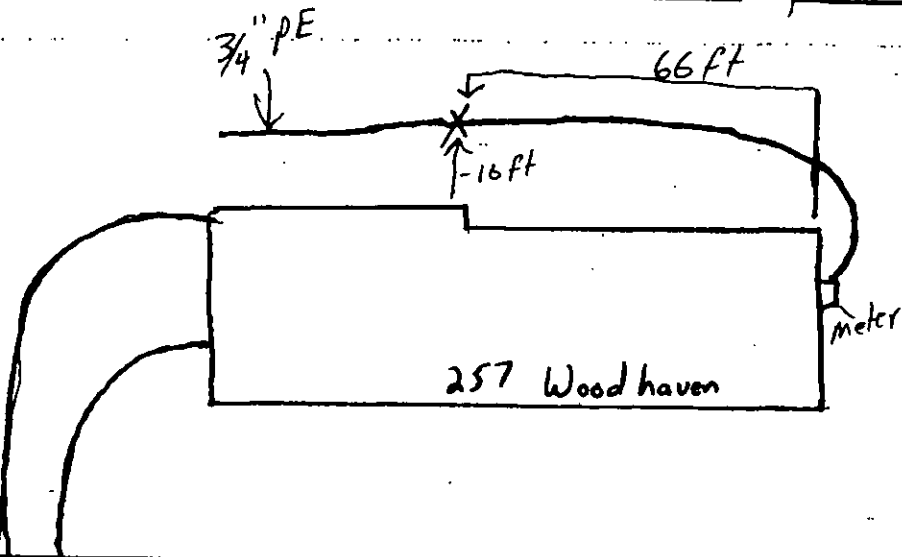
Detection	Location	Soil Set	CG/ECD	Pressure	Surface	Pipe	Size	Weather	
Mobile FI	Inside Bldg	Main	<input checked="" type="checkbox"/> Rock	% Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	Outside Bldg	Service	Cinder	UEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/ECD	Undergrad	<input checked="" type="checkbox"/> Valve	Loam	PPM	(61-99.9)	Concrete	CSST	4.0-8.0	Cold (0-40)
Socil	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Corrosion	Component/Explanation	System	Type of Material	Location Area	Remarks
Corrosion	Pipe	<input checked="" type="checkbox"/> Transmission	Steel	Residential	1-5
Outside Force	<input checked="" type="checkbox"/> Valve	Main	<input checked="" type="checkbox"/> Cast Iron	Rural	<input checked="" type="checkbox"/> 5-Greater
Coast/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 4-29-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked: 5-1-15
Other	Tap Connection	Customer Pipe	Plastic		

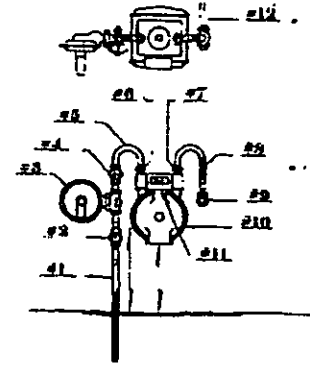
257 Woodhaven Dr.

Tompkinsville/Monroe

K-1
6-17-15



Grade 1	<input checked="" type="checkbox"/>	Grade 2	<input type="checkbox"/>	Grade 3	<input type="checkbox"/>
---------	-------------------------------------	---------	--------------------------	---------	--------------------------



Line hit due to dig in while laying sewer line. Locates had been called in & had been marked. Locates were within 1ft. of the broke service.

Woodhaven Dr.

#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	Outside Bldg	Service	Cloder	LJEL	(1-30)	Dirt	PE	<input checked="" type="checkbox"/> 2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	Cast Iron	3.0-4.0	Hot (25-100)
CC/VECD	Undergrad	<input checked="" type="checkbox"/> Valve	Loom	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	<input checked="" type="checkbox"/> Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Corrosion	<input checked="" type="checkbox"/> Pipe	<input checked="" type="checkbox"/> Transmission	Steel	Residential	<input checked="" type="checkbox"/> 1-5	Bar
Outside Force	<input checked="" type="checkbox"/> Valve	Main	Cast Iron	Rural	5-Greater	Coated
Const/Defect	Firing	Service	<input checked="" type="checkbox"/> Ductile Iron	Commercial	Date Repaired: 6-17-15	
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic			

446 Wilson Rd.

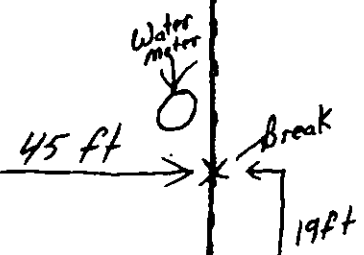
Tompkinsville, Monroe

K-7
5-18-15

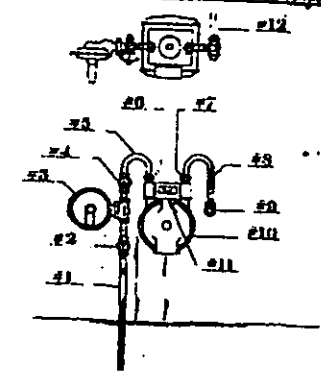
446
Wilson Rd.

Driveway

3/4" PE
Gas Service



Grade 1 Grade 2 Grade 3



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Wilson Rd.

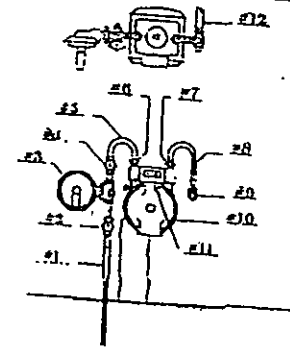
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	✓ Steel	5-2.0	✓ Clear	✓
Flame Pack	Outside Bldg	✓ Service	✓ Cinder	LRL	(1-30)	Dir	PE	✓ 2.0-3.0	Wet	
Visual	✓ Manhole	Tap	Clay	UEL	(31-60)	✓ Asphalt	Cast Iron	3.0-4.0	Hot (85-100)	
CGI/EGD	Underground	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	4.0-8.0	Cold (0-60)	
SoxII	✓ Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0		
Corrosion	Pipe	✓ Transmission	Steel	Residential	✓	1-5	Bare			
Outside Force	Valve	Main	Cast Iron	Rural		5-Greater	Coated			
Coast/Defect	Fitting	Service	✓ Ductile Iron	Commercial		Date Repaired:	5-18-15			
Material Defect	Regulator	Meter Set	Copper	Industrial		Date Rechecked:				
Other	✓ Tap Connection	Customer Pipe	Plastic							

Jason W.

1881 Center Point Rd

Tompkinsville / Monroe

254
5-26-15



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

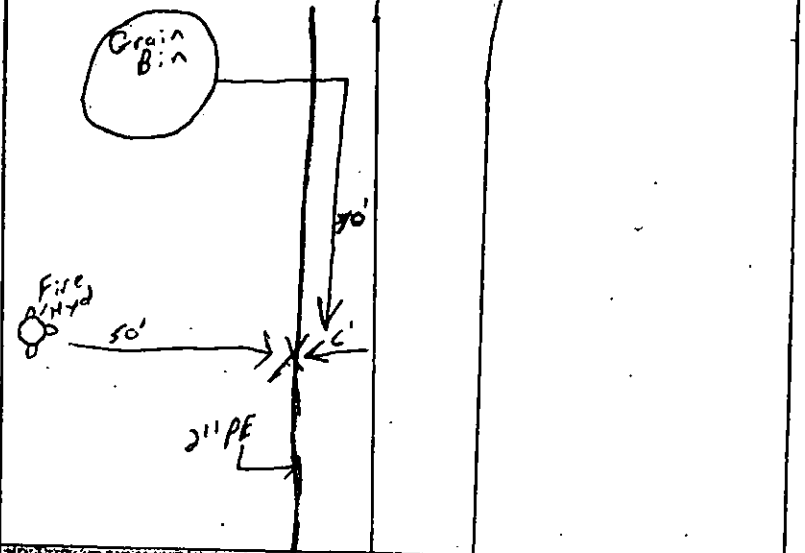
Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Path	Outside Bldg	✓ Service	Clay	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	✓ Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (25-100)
CC/VECD	Undergrad	Valve	Lean	PPM	(61-99.9)	Concrete	CSST	4.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	✓ Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	
Corrosion	Pipe	Transmission		Steel		Residential		1-5	Bars
Outside Ferts	Valve	Main		Cast Iron		Rural		5-Creter	Coated
Cracks/Delc	Fitting	✓ Service		Ductile Iron		Commercial		Date Reported: 5-26-15	
Material Defect	✓ Regulator	Meter Set		✓ Copper		Industrial		Date Rechecked:	
Other	Tap Connection	Customer Pipe		Plastic					

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

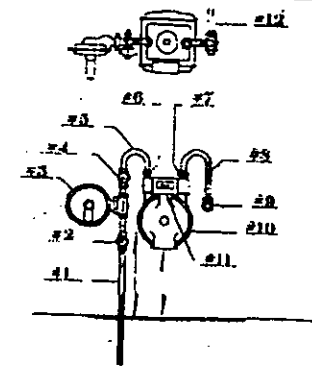
Anderson Forest Products Hwy 163



M. Isenburg Rd.



Hwy 163



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cloder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (25-100)
CGI/ECG	Undergrad	Valve	Loom	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bare			
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Coated			
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Replaced:	6-10-15			
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:				
Other	Tap Connection	Customer Pipe	Plastic						

Line hit by Monroe Co. Water.
 Lines were located, but there was a line there
 we weren't aware of.

KY
6-10-15

DISPATCHING SECTION

Address	104 1st Street	Ap#		City	T	County		Time Received	8:52	Date Received	4-24-15
Customer Name	Called by Reed Moore			Phone #		Customer House?	Yes <input type="checkbox"/>	Customer Account #			
Received by	Jason			Leak First Noticed		Date	4-24-15	Time Dispatched	8:52 AM	Hear Gas Escaping?	Yes <input type="checkbox"/>

CASH IF NOW

Location of Leak	Leak Size/Property	Source of Call	Nature of Call	Specific Location	CUSTOMER REMARKS
Inside	Residence <input checked="" type="checkbox"/>	School <input type="checkbox"/>	Customer <input checked="" type="checkbox"/>	In <input type="checkbox"/>	
Outside	Public Bldg <input checked="" type="checkbox"/>	Custom/Bldg <input type="checkbox"/>	Employee <input type="checkbox"/>	Meter <input type="checkbox"/>	
DISPATCHER REMARKS	In route			Response Given	Yes <input checked="" type="checkbox"/>

If "YES" To Any Questions Below, Issue The Standard Response

<input checked="" type="checkbox"/> Is there a strong odor?	STANDARD RESPONSE I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input type="checkbox"/> Do you hear gas blowing/leaking?	
<input type="checkbox"/> Are you aware of any damage to the gas line?	
<input type="checkbox"/> Are you feeling dizzy, faint, or ill?	

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input checked="" type="checkbox"/>	Gas Shut off/Time		AM	Meter
Time Received	8:52	AM	Radio		Time Arrived on Site	9:10	AM	Time Departed from Site	10:00	AM	Meter Number		Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification					
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	Clear	Grade 1 (Immediately)					
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	Wet	Grade 2 (5 Months)					
Construction Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	Hot	Grade 3 (12 Months)					
Material Defect	Regulator	Unseal'd	Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	Cold						

Number of Gas Utilization Equipment Worked On	SERVICE MAN REMARKS	Repair Data
Stove/Range	Customer smelled gas coming into back driveway. We dug out & found a 3/4 x 1/2 tap on a riser leaking. We tightened the bolt & stopped the leak. The service is scheduled to be replaced through the gas replacement contract within 90 days.	Leak Total: 1
Hot Water Heater		
Flame Furnace		
Forced Air Furnace		

Service Representative Name	Jason Warner	Date	4-24-15
-----------------------------	--------------	------	---------

DISPATCHER SECTION																																													
Address		104 4th Street			Appl		City		Tompkinsville		County		Monroe		Time Received		11:47		Date Received		4-24-15																								
Customer Name		Cash it Now					Floor #				Customer Home?		Yes		No		Customer Account #																												
Received By		Lesley / Per Scotty by Text					Leak First Noticed		Date		Time Dispatched		AM		PM		Hear Gas Escaping?		Yes		No																								
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																																	
Inside		<input checked="" type="checkbox"/> Residence		<input type="checkbox"/> School		<input type="checkbox"/> Customer		<input type="checkbox"/> Crew		<input type="checkbox"/> In		<input type="checkbox"/> Out		<input type="checkbox"/> Manhole																															
Outside		<input type="checkbox"/> Public Bldg		<input checked="" type="checkbox"/> Comm/Bldg		<input type="checkbox"/> Employee		<input type="checkbox"/> Fire		<input type="checkbox"/> Meter		<input type="checkbox"/> Street		<input type="checkbox"/> Yard																															
DISPATCHER REMARKS		Strong Gas Smell										Response Given		Yes		No		Gas Supervisor Notified of Issued Response		Yes		No																							
If "YES" To Any Questions Below, Issue The Standard Response															STANDARD RESPONSE																														
<input checked="" type="checkbox"/>		Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																																								
<input type="checkbox"/>		Do you hear gas blowing/leaking?																																											
<input type="checkbox"/>		Are you aware of any damage to the gas line?																																											
<input checked="" type="checkbox"/>		Are you feeling dizzy, faint, or ill?																																											
SERVICE PERSONNEL SECTION																																													
Leak found		Yes		No		Permanent Repair		Yes		No		Customer Referred for Repair		Yes		No		Temporary Repair Safe		Yes		No		Caution Card Left		Yes		No		Warning Card Left		Yes		No		Gas Shut off/Time		AM		PM		Meter		Equipment	
Time Received		11:47		AM		Radio		Time Arrived on Site		11:50		AM		Time Departed from Site		11:00		AM		PM		Meter Number:		Meter Locked		Yes		No		Meter Red Sealed		Yes		No											
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification																									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (10-1)		Grass		Cast		1-2" <input checked="" type="checkbox"/>		Clear		Grade 1 (Immediately)																							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)																							
Crack/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Dry		Grade 3 (12 Months)																							
Material/Defect		Regulator		Undergrd		Meter		Sand		Cus/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold																									
Number of Gas Utilization Equipment Worked On															SERVICEMAN'S REMARKS																														
Stove/Range				Radiant Heater																																		Repair Date							
Hot Water Heater				Ceiling Heater																																Leak Total: 1									
Floor Furnace				Clothes Dryer																																									
Forced Air Furnace				Boiler																																									
Service Representative Name		Jason W.										Date		4-24-15																															

DISPATCHER SECTION																								
Address		105 Fox Shirley Rd			Apt#		City	Tombkinsville		County	Monroe		Time Received	5:06 ^{pm}		Date Received	6-19-15							
Customer Name		Timmy Shirley					Phone #			Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #											
Received By		Jason Warren					Leak First Noticed		Date	6-19-15		Time Dispatched	5:00		AM	<input checked="" type="checkbox"/>	Heat Gas Escaping?	Yes	<input checked="" type="checkbox"/>					
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location			CUSTOMER REMARKS													
Inside		Residence		<input checked="" type="checkbox"/> School		Customer		Crew	In	Out	Manhole	Hit gas service while digging water line												
Outside		<input checked="" type="checkbox"/> Public Bldg		Comm/Bldg		Employee		Fire	<input checked="" type="checkbox"/> Meter	Street	Yard													
DISPATCHER REMARKS												Response Given	Yes	<input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes	<input checked="" type="checkbox"/>							
If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE																						
<input checked="" type="checkbox"/> Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone. DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																						
<input checked="" type="checkbox"/> Do you hear gas blowing/leaking?																								
<input checked="" type="checkbox"/> Are you aware of any damage to the gas line?																								
NO <input type="checkbox"/> Are you feeling dizzy, faint, or ill?																								
SERVICE PERSONNEL SECTION																								
Leak found		Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>						
		No			No			No			No		No		No		Gas Shut off/Time	5:15	AM	<input checked="" type="checkbox"/>	Meter			
Time Received		5:00		AM	<input checked="" type="checkbox"/>	Radio	Telephone	Time Arrived on Site	5:15		AM	<input checked="" type="checkbox"/>	Time Departed from Site	7:00		AM	<input checked="" type="checkbox"/>	Meter Number:		Meter Locked	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification				
Corrosion		Pipe		<input checked="" type="checkbox"/> Inside		Main		Rock		Main		SP (6-1)		Grass		<input checked="" type="checkbox"/> Cast		1-2" ^{7/8}		Clear		<input checked="" type="checkbox"/> Grade 1 (Immediately)		
Outside Fault		<input checked="" type="checkbox"/> Valve		Outside		Service		<input checked="" type="checkbox"/> Cinder		Service		IP (1-10)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)		
Causes/Defect		Fitting		Manhole		Valve		Clay		<input checked="" type="checkbox"/> Meter		MP (31-60)		<input checked="" type="checkbox"/> Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)		
Material/Defect		Regulator		Underground		<input checked="" type="checkbox"/> Meter		Sand		Cast/Pipe		IP (61-99.7)		Concrete		PVC		10-12"		Cold				
Number of Gas Utilization Equipment Worked On																								
Stove/Range				Radiant Heater																REPAIR DATA				
Hot Water Heater				Ceiling Heater																Leak Total:		1		
Flow Furnace				Clothes Dryer																				
Forced Air Furnace				Boiler																				
Service Representative Name		Jason W.										Date		6-19-15										

DISPATCHER SECTION																													
Address		211 W. 3rd. Street			Apt#		City	Tombkinsville		County	Monroe		Time Received	7:50 AM		Date Received	4-20-15												
Customer Name		Tina McIntyre					Phone #			Customer Home?		Yes		Customer Account #.		3-3030-3													
Received By		Dorothy					Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?		Yes												
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location			CUSTOMER REMARKS																		
Inside		Residence		<input checked="" type="checkbox"/> School		Customer		<input checked="" type="checkbox"/> Crew		In	Out	Manhole																	
Outside		<input checked="" type="checkbox"/> Public Bldg		Comm/Bldg		Employee		Fire		Meter	Street	Yard																	
DISPATCHER REMARKS		Smells gas @ back door								Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes													
No										No						No													
If "YES" to Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																			
<input checked="" type="checkbox"/> Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																											
Do you hear gas blowing/leaking?																													
Are you aware of any damage to the gas line?																													
Are you feeling dizzy, faint, or ill?																													
SERVICE PERSONNEL SECTION																													
Leak found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		AM		Meter	
No																													
Time Received		AM		Radio		Time Arrived on Site		AM		Time Departed from Site		AM		Meter Number:		Meter Locked		Yes		No		PM		Equipment					
		PM		Telephone				PM								Meter Red Sealed		Yes		No									
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		SI (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		1/2 (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (6 Months)							
Cause/Defect		Fitting		Manhole		Valve		Clay		Meter		1/2 (11-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)							
Material/Defect		Regulator		Undergrd		Meter		Sand		Cast/Type		1/2 (61-99.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS								Repair Data											
Stove/Range				Radiant Heater																Leak Total:		0							
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air Furnace				Boiler																									
Service Representative Name		Eddie Bennett										Date		4-20-15															

DISPATCH SECTION

Address 257 Woodhaven Dr Apt# City Tombkinsville County Monroe Time Received Date Received 6-17-15

Customer Name Freddie Kirkpatrick Phone # Customer Home? Yes No Customer Account #

Received By Jason Leak First Noticed Date 6-17-15 Time Dispatched 9:00 AM Hear Gas Escaping? Yes No

Location of Leak: Leak Site/Property Residence Source of Call School Nature of Call Crew Specific Location CUSTOMER REMARKS Hit line while digging in sewer line.

DISPATCHER REMARKS Response Given Yes No Gas Supervisor Notified of Issued Response Yes No

IF "YES" To Any Questions Below, Issue The Standard Response

Is there a strong odor?
 Do you hear gas blowing/leaking?
 Are you aware of any damage to the gas line?
 Are you feeling dizzy, faint, or ill?

STANDARD RESPONSE: I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.

SERVICE PERSONNEL SECTION

Leak found Yes No Permanent Repair Yes No Customer Referred for Repair Yes No Temporary Repair Safe Yes No Caution Card Left Yes No Warning Card Left Yes No Gas Shut off-Time 9:05 AM Meter Equipment

Time Received 9:00 AM Radio Telephone Time Arrived on Site 9:05 AM Time Departed from Site 9:10 AM Meter Number: Meter Locked Yes No Meter Red Scaled Yes No

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification	
Corrosion	Pipe	<input checked="" type="checkbox"/> Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2" <u>3/4</u>	Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)
Outside Force	<input checked="" type="checkbox"/> Valve	Outside	Service	<input checked="" type="checkbox"/> Cluder	Service	<input checked="" type="checkbox"/> IP (1-30)	Dir	Steel	1-4"	Wet	Grade 2 (5 Months)
Const/Defect	Fitting	Mgnhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	<input checked="" type="checkbox"/> 6-8"	Hot	Grade 3 (12 Months)
Material/Defect	Regulator	Under/gd	<input checked="" type="checkbox"/> Meter	Sand	Cust/Ptpe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On SERVICEMAN REMARKS Contractor hit the line while replacing sewer. We temporarily squeezed the line off dpc to having another leak call came back to complete the repair. Repair Date

Stove/Range Radiant Heater
 Hot Water Heater Ceiling Heater
 Floor Furnace Clothes Dryer
 Forced Air-Furnace Boiler

Service Representative Name Jason W. Date 6-17-15

DISPATCHER SECTION																																													
Address		407 5th Street				Apt		City		Tombkinsville		County		Monroe		Time Received		1:21		Date Received		5-28-15																							
Customer Name		Billy J. Williams Rental								Phone #		Customer Home?		Yes		No		Customer Account #																											
Received By		Dorothy								Leak First Noticed		Date		Time Dispatched		AM		PM		Hear Gas Escaping?		Yes		No																					
Location of Leak		Leak Site/Property		Source of Call		Nature of Call				Specific Location						CUSTOMER REMARKS																													
Inside		<input checked="" type="checkbox"/> Residence		<input checked="" type="checkbox"/> School		<input type="checkbox"/> Customer		<input checked="" type="checkbox"/> Crew		In		Out		Manhole																															
Outside		<input checked="" type="checkbox"/> Public Bldg		<input type="checkbox"/> Comm/Bldg		<input type="checkbox"/> Employee		<input type="checkbox"/> Fire		Meter		Street		Yard																															
DISPATCHER REMARKS																																													
If "YES" To Any Questions Below, Use The Standard Response												STANDARD RESPONSE																																	
<input checked="" type="checkbox"/> Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																																											
<input type="checkbox"/> Do you hear gas blowing/leaking?																																													
<input type="checkbox"/> Are you aware of any damage to the gas line?																																													
<input checked="" type="checkbox"/> Are you feeling dizzy, faint, or ill? <u>Headache</u>																																													
SERVICE PERSONNEL SECTION																																													
Leak found		Yes		<input checked="" type="checkbox"/>		Permanent Repair		Yes		<input type="checkbox"/>		Customer Referred for Repair		Yes		<input checked="" type="checkbox"/>		Temporary Repair Safe		Yes		<input checked="" type="checkbox"/>		Caution Card Left		Yes		<input checked="" type="checkbox"/>		Warning Card Left		Yes		<input type="checkbox"/>		Gas Shut off-Time		AM		PM		Meter		Equipment	
Time Received		1:40		AM		PM		Radio		Telephone		Time Arrived on Site		1:50		AM		PM		Time Departed from Site		2:05		AM		PM		Meter Number:		Meter Locked		Yes		No		Meter Red Sealed		Yes		No					
Leak Cause		Component		Location Detected				Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification																							
Curcusion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)																							
Outside Face		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)																							
Const/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)																							
Material/Defect		Regulator		Under/igt		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cool																									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS																																			
Stove/Range		<input checked="" type="checkbox"/> Radiant Heater								Leak detected inside at cookstove. Valve to appliance was shut off until repairs were made. No gas detected with CGI, but, there was a faint smell of gas.										Repair Date																									
Hot Water Heater		<input type="checkbox"/> Ceiling Heater																		Leak Total:		1																							
Floor Furnace		<input type="checkbox"/> Clothes Dryer																																											
Forced Air Furnace		<input type="checkbox"/> Boiler																																											
Service Representative Name		Jason W.																		Date		5-28-15																							

10431

DISPATCHER SECTION																																											
Address		423 Hall Circle				Appt#		City		County		Time Received		2:17		Date Received		3/3/15																									
Customer Name		Inez Short				Phone #		Customer Home?		Yes		No		Customer Account #																													
Received By		Amanda				Leak First Noticed		Date		3/3/15		Time Dispatched		2:19		AM		PM																									
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location		CUSTOMER REMARKS																																	
Inside		Residence		School		Customer		Crew		In		Out		Manhole		Customer smells gas at meter																											
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard																													
DISPATCHER REMARKS												Response Given		Yes		No		Gas Supervisor Notified of Issued Response		Yes		No																					
If "YES" To Any Questions Below, Issue The Standard Response																																											
No		Is there a strong odor?				I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																																					
No		Do you hear gas blowing/leaking?																																									
No		Are you aware of any damage to the gas line?																																									
No		Are you feeling dizzy, faint, or ill?																																									
SERVICE PERSONNEL SECTION																																											
Leak found		Yes		No		Permanent Repair		Yes		No		Customer Referred for Repair		Yes		No		Temporary Repair Safe		Yes		No		Caution Card Left		Yes		No		Warning Card Left		Yes		No		Gas Shut Off Time		N/A		Meter		Equipment	
Time Received		2:40		AM		Radio		Telephone		Time Arrived on Site		2:50		AM		PM		Time Departed from Site		3:05		AM		PM		Meter Number:		Meter Locked		Yes		No		Meter Red Sealed		Yes		No					
Leak Cause		Corrosion		Pipe		Location Detected		Inside		Main		Soil Sub		Rock		System		Main		Pressure		SP (0-1)		Ground Surface		Grass		Pipe		Cast		Pipe Size		1-2"		Weather		Clear		Leak Classification		Grade 1 (Immediately)	
Outside Fault		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)																					
Conn/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)																					
Material/Defect		Regulator		Undergd		Meter		Sand		Cus/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold																							
Number of Gas Utilization Equipment Worked On																																											
Stove/Range		Radian Heater		3-3-15 SMALL LEAK FOUND ON SERVICE LINE TO MET FOR CGI. WILL DIG UP SERVICE FOR REPAIR. RETURNED ON 4-21-15 TO RESURVEY THE LEAK AREA. WE CANNOT PICK UP ANY LEAK WITH CGI OR FLOWPAC														Repair Date		Leak Total		0																					
Hot Water Heater		Ceiling Heater		Flame Furnace		Clothes Dryer		Forced Air-Furnace		Boiler																																	
Service Representative Name		Jana W.										Date		4-21-15																													

DISPATCHER SECTION																																													
Address		440 Capp Harkin Rd			Ap#		City		County		Time Received	8:00	Date Received	5-4-15																															
Customer Name		Leroy Anderso			Phone #			Customer Home?		Yes		Customer Account #																																	
Received By		Dorothy			Leak First Noticed			Date		Time Dispatched		AM	Head Gas Escaping?																																
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																																	
Inside		Residence		School		Customer			Crew			In																																	
Outside		Public Bldg		Comm/Bldg		Employee			Fire			Meter																																	
DISPATCHER REMARKS		Senells Gas @ meter in bedroom			Response Given			Yes	Gas Supervisor Notified of Issued Response			Yes																																	
If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE																																											
Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone. DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																																											
Do you hear gas blowing/leaking?																																													
Are you aware of any damage to the gas line?																																													
Are you feeling dizzy, faint, or ill?																																													
SERVICE PERSONNEL SECTION																																													
Leak found		Yes		No		Permanent Repair		Yes		No		Customer Referred for Repair		Yes		No		Temporary Repair Safe		Yes		No		Caution Card Left		Yes		No		Warning Card Left		Yes		No		Gas Shut off/Time		AM		PM		Meter		Equipment	
Time Received		AM		Radio		Time Arrived on Site		8:30		AM		Time Departed from Site		8:47		AM		Meter Number:		Meter Locked		Yes		No		Meter Red Sealed		Yes		No															
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification																									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)																							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)																							
Cans/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)																							
Material/Defect		Regulator		Undergrd		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold																									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS					Repair Date																														
Stove/Range		Radium Heater																																											
Hot Water Heater		Ceiling Heater																																											
Floor Furnace		Clothes Dryer																																											
Forced Air Furnace		Boiler																																											
Service Representative Name										JASON W.					Date					5-4-15																									

DISPATCHER SECTION																													
Address		317 Old Glasgow Rd.				Appt#		City		Tombkinsville		County		Monroe		Time Received		12:00		Date Received		4/15							
Customer Name		Loretta Walker				Phone #		Customer Home?		Yes		Customer Account #		No															
Received By		Amanda				Leak First Noticed		Date		4-1-15		Time Dispatched		11:00		AM		PM		Hear Gas Escaping?		Yes							
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location				CUSTOMER REMARKS																	
Inside		Residence		School		Customer		Crew		In		Out		Manhole		Gas odor in house													
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS																Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes		No					
IF "YES" To Any Questions Below, Issue The Standard Response																		STANDARD RESPONSE											
Yes		Is there a strong odor?				I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																							
No		Do you hear gas blowing/leaking?																											
No		Are you aware of any damage to the gas line?																											
No		Are you feeling dizzy, faint, or ill?																											
SERVICE PERSONNEL SECTION																													
Leak found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		AM		Meter	
		No				No				No				No				No				No				PM		Equipment	
Time Received		AM		Radio		Time Arrived on Site		12:10		PM		Time Departed from Site		11:21		PM		Meter Number		Meter Locked		Yes		No					
		PM		Telephone																Meter Red Sealed		Yes		No					
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (6-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Construction Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)							
Material Defect		Regulator		Under/d		Meter		Sand		Cast/Type		HP (61-99.5)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On												SERVICEMAN REMARKS						Repair Data											
Stove/Range				Rollant Heater																		Leaks Total:		2					
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air-Furnace				Boiler																									
Service Representative Name		John W.														Date		4-21-15											

DISPATCHER SECTION																															
Address		612 Celina Rd			Apts		City	Tampkinsville		County	Monroe		Time Received	9:06		Date Received															
Customer Name		Dorothy			Phone #			Customer Home?		Yes		Customer Account #																			
Received By		Robertson			Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?		Yes																
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location			CUSTOMER REMARKS																				
Inside		<input checked="" type="checkbox"/> Residence		<input checked="" type="checkbox"/> School		Customer		Crew		In		Out		Manhole																	
Outside		<input type="checkbox"/> Public Bldg		<input checked="" type="checkbox"/> Comm/Indg		Employee		Fire		Meter		Street		Yard																	
DISPATCHER REMARKS												Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes													
No												No						No													
If "YES" To Any Questions Below, Use The Standard Response															STANDARD RESPONSE																
<input checked="" type="checkbox"/>		Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																										
<input type="checkbox"/>		Do you hear gas blowing/leaking?																													
<input type="checkbox"/>		Are you aware of any damage to the gas line?																													
<input type="checkbox"/>		Are you feeling dizzy, faint, or ill?																													
SERVICE PERSONNEL SECTION																															
Leak found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off/Time		10:41		AM		Meter	
No		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Time Received		10:14		AM		Radio		Time Arrived on Site		10:22		AM		Time Departed from Site		10:45		AM		Meter Number:		Meter Locked		Yes		<input checked="" type="checkbox"/>		No			
PM		Telephone		<input checked="" type="checkbox"/>		PM		PM		PM		PM		PM		PM		PM		PM		PM		PM		PM		PM		PM	
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification											
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)									
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)									
Consd/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)									
Material/Defect		Regulator		Undergd		Meter		Sand		Cust/Pipe		HP (61-99.7)		Concrete		PVC		10-12"		Cold											
Number of Gas Utilization Equipment Worked On															SERVICEMAN REMARKS						Repair Data										
Stove/Range		Radiant Heater													Leak Total:		1														
Hot Water Heater		Ceiling Heater																													
Floor Furnace		Clothes Dryer																													
Forced Air-Furnace		Boiler																													
Service Representative Name		Joan W.													Date		6-4-15														
															meter # 6857005003																

See Dorothy for Info

DISPATCHER SECTION																													
Address		613 5th Street			Appl		City		County		Time Received		Date Received																
Customer Name		George Jackson			Phone #		427-6278		Customer Home?		Yes		Customer Account #																
Received By		Dorothy			Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?																
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																	
Inside		Residence		<input checked="" type="checkbox"/> School		Customer		Crew		In		Out		Attable															
Outside		Public Bldg		Census/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS		Disconnected gas line that runs to garage. There is a smell of gas.								Response Given		Yes		Gas Supervisor Notified of Issued Response															
If "YES" To Any Questions Below, Have The Standard Response		STANDARD RESPONSE																											
<input checked="" type="checkbox"/> Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																											
<input type="checkbox"/> Do you hear gas blowing/leaking?																													
<input type="checkbox"/> Are you aware of any damage to the gas line?																													
<input type="checkbox"/> Are you feeling dizzy, faint, or ill?																													
SERVICE PERSONNEL SECTION																													
Leak found		Yes		<input checked="" type="checkbox"/> Permanent Repair		Yes		<input checked="" type="checkbox"/> Customer Referred for Repair		Yes		<input checked="" type="checkbox"/> Temporary Repair Safe		Yes		<input checked="" type="checkbox"/> Caution Card Left		Yes		<input checked="" type="checkbox"/> Warning Card Left		Yes		Gas Shut off/Time		AM		Meter	
Time Received		1:15		AM		Radio		Telephone		Time Arrived on Site		1:35		AM		Time Departed from Site		1:50		PM		Meter Number:		Meter Locked		Yes		No	
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Block		Main		SP (10-1)		Grass		Cast		1-2"		Clear		<input checked="" type="checkbox"/> Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		<input checked="" type="checkbox"/> Grade 2 (5 Months)							
Construction Defect		Fitting		Manhole		Valve		Clay		Meter		MIP (31-60)		Asphalt		PE		6-8"		Hot		<input checked="" type="checkbox"/> Grade 3 (12 Months)							
Material Defect		Regulator		Undergd		Meter		Sand		Cust/Type		HP (61-99.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS					Repair Data														
Space/Range				Radiant Heater																		Leak Total:		1					
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air-Furnace				Boiler																									
Service Representative Name				John Wanner																				Date		4-10-15			
															we replaced the faulty gasket on the spud.														

12083

DISPATCHER SECTION																													
Address		960 Celina Rd				Appt		City		Tompkinsville		County		Monroe		Time Received		9:30 AM		Date Received		5-27-15							
Customer Name		Village Shop				Phone #		Customer Home?		Yes		Customer Account #		No		Received By		Leak First Noticed		Date		5-27-15							
Location of Leak		Leak Site/Property		Source of Call		Nature of Call				Specific Location				Time Dispatched		9:30 AM		Heating Escaping?		Yes		No							
Inside		Residence		School		Customer		Crew		In		Out		Manhole		CUSTOMER REMARKS Smells gas inside store strong													
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS		Smells gas inside store				Response Given		Yes		Gas Supervisor Notified of Issue?		Response		Yes		No													
If "YES" To Any Questions Below, Issue The Standard Response																													
Is there a strong odor?		STANDARD RESPONSE																											
Do you hear gas blowing/leaking?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																											
Are you aware of any damage to the gas line?																													
Are you feeling dizzy, faint, or ill?																													
SERVICE PERSONNEL SECTION																													
Leak Found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut Off Time		AM		Meter	
Time Received		9:30 AM		Radio		Time Arrived on Site		9:34 AM		Time Departed from Site		9:43 AM		Meter Number:		Meter Locked		Yes		No		Meter Red Sealed		Yes		No			
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)							
Outside Fault		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Conduit/Defect		Fitting		Manhole		Valve		Clay		Meter		MIP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)							
Material/Defect		Regulator		Undeveloped		Meter		Sand		Cast/Pipe		HP (61-99.9)		Concrete		PVC		18-12"		Cold									
Number of Gas Utilization Equipment Worked On																													
Stove/Range		Radiator Heater		SERVICEMAN REMARKS NO Leak found. Used soap test ACGI														Repair Date											
Hot Water Heater		Ceiling Heater																Leak Total:		0									
Floor Furnace		Clothes Dryer																											
Forced Air Furnace		Boiler																											
Service Representative Name		Jason Warner														Date		5-27-15											

DISPATCHER SECTION

Address 317 Radio Station Rd.		Apartment	City	County	Time Received 9:50	Date Received 6/4/15
Customer Name Called in by Jerry Monday			Phone # 407-8725	Customer Home?	Yes <input type="checkbox"/>	Customer Account #
Received By Amanda			Leak First Noticed 6/3/15	Date 6/4/15	Time Dispatched	Hour Gas Escaping? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location	
Inside	Residence	School	Customer	Crew	In	Out
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	<input checked="" type="checkbox"/> Employee	Fire	Meter	Street
DISPATCHER REMARKS					CUSTOMER REMARKS Gas odor in curve near Fridge Machine	
					Response Given	Gas Supervisor Notified of Issued Response
					Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
					No <input type="checkbox"/>	No <input type="checkbox"/>

If "YES" To Any Questions Below, Issue The Standard Response

<p>NO Is there a strong odor?</p> <p>NO Do you hear gas blowing/leaking?</p> <p>NO Are you aware of any damage to the gas line?</p> <p>NO Are you feeling dizzy, faint, or ill?</p>	<p align="center">STANDARD RESPONSE</p> <p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>
---	---

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	Caution Card Left	Yes <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	AM	Meter
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		PM	Equipment
Time Received	9:50 <input checked="" type="checkbox"/> AM	Radio	Telephone	Time Arrived on Site	10:05 <input checked="" type="checkbox"/> AM	Time Departed from Site	10:15 <input checked="" type="checkbox"/> AM	Meter Number:	Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cust	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Clinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	<input checked="" type="checkbox"/> Fitting	<input checked="" type="checkbox"/> Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material Defect	Regulator	Undergrd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Date	
Slave/Range		Radian Heater		(6-4-15) Found leak possibly at a service tap. Will dig out for repair on 6-5-15. Jim Found a cap loose on a service tap leaking. He doped & tightened cap to repair. 6-30-15				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air Furnace		Boiler							

Service Representative Name	Jim W.	Date	6-29-15
-----------------------------	---------------	------	----------------

DISPATCHER SECTION																																													
Address		1831 Center Point Rd.			Appt		City		County		Time Received	8:33	Date Received	4/22/15																															
Customer Name		Kirk Wall Lyons Chapel Church of Christ				Phone #		487-8448		Customer Home?		Yes	<input checked="" type="checkbox"/>	Customer Account #																															
Received By		Amanda				Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?	Yes	<input checked="" type="checkbox"/>																													
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																																	
Inside		Residence		School		Customer		Crew		In		Out		Manhole		Gas odor outside in parking lot																													
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard																															
DISPATCHER REMARKS												Response Given		Yes	<input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response		Yes	<input checked="" type="checkbox"/>																										
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																																			
NBS		Is there a strong odor?				I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																																							
No		Do you hear gas blowing/leaking?																																											
No		Are you aware of any damage to the gas line?																																											
No		Are you feeling dizzy, faint, or ill?																																											
SERVICE PERSONNEL SECTION																																													
Leak found		Yes		<input checked="" type="checkbox"/>		Permanent Repair		Yes		<input checked="" type="checkbox"/>		Customer Referred for Repair		Yes		<input checked="" type="checkbox"/>		Temporary Repair Safe		Yes		<input checked="" type="checkbox"/>		Caution Card Left		Yes		<input checked="" type="checkbox"/>		Warning Card Left		Yes		<input checked="" type="checkbox"/>		Gas Shut off Time		8:45		AM		Meter			
Time Received		8:30		AM		Radio		Time Arrived on Site		8:40		AM		Time Departed from Site		9:45		AM		Meter Number				Meter Locked		Yes		No		Meter Red Sealed		Yes		No											
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification																									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2" 4		Clear		Grade 1 (Immediately)																							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)																							
Const/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)																							
Material/Defect		Regulator		Undergrd		Meter		Sand		Cast/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold																									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS					Repair Data																														
Stove/Range				Radiant Heater																				Leak Total:		2																			
Hot Water Heater				Ceiling Heater																																									
Flow Furnace				Clothes Dryer																																									
Forced Air-Furnace				Boiler																																									
Service Representative Name		Eddie Bennett										Date		4-22-15																															

DISPATCH SECTION

Address 1881 Center Point Rd		City	County	Time Received 10:20	Date Received 5/23/15
Customer Name Ronald Bentley		Phone # 487-6694	Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #
Received By Amanda		Leak First Noticed	Date 5/23/15	Time Dispatched	AM <input type="checkbox"/> PM <input type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call	Specific Location	High Gas Escaping? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Inside	Residence <input checked="" type="checkbox"/>	School	Customer <input checked="" type="checkbox"/>	Creep	In	Out	Manhole	CUSTOMER REMARKS Gas odor at meter	
Outside	Public Bldg <input checked="" type="checkbox"/>	Comm/Bldg	Employee	Fire	Meter	Street	Yard		
DISPATCHER REMARKS								Response Given Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response Yes <input type="checkbox"/> No <input type="checkbox"/>

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE	
Yes <input checked="" type="checkbox"/> Is there a strong odor? No <input type="checkbox"/> Do you hear gas blowing/leaking? No <input type="checkbox"/> Are you aware of any damage to the gas line? No <input type="checkbox"/> Are you feeling dizzy, faint, or ill?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.		

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Temporary Repair Sufr	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Shut off/Time	N/A	AM	Meter
Time Received	10:15 AM	Radio	Time Arrived on Site	11:00 AM	Time Departed from Site	11:10 AM	Meter Number	Meter Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification	
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cust	1-2"	Clear	Grade 1 (Immediately)
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)
Conn/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material/Defect	Regulator	Undergnd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment W/iked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		Leak on inlet spud. Tightened to repair. spud out				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Flow Furnace		Clothes Dryer							
Forced Air Furnace		Boiler							
Service Representative Name Jason W.								Date	5.26.15

DISPATCHER SECTION

Address	2006 Edmonton Rd		City	Tombkinsville	County	Monroe	Time Received	6:18 AM	Date Received	6-5-15	
Customer Name	Cleary Construction				Phone #		Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #		
Received By	Jason				Leak First Noticed	Date	5-30-15	Time Dispatched	6:20 AM	Hear Gas Escaping?	Yes <input checked="" type="checkbox"/>

Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS		
Inside	Residence	School	Customer	<input checked="" type="checkbox"/> Crew	In	Out	<input checked="" type="checkbox"/> Manhole	Strong gas smell.			
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	<input checked="" type="checkbox"/> Employee	Fire	Meter	Street	Yard				

DISPATCHER REMARKS	Response Given	Yes <input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input checked="" type="checkbox"/>
If "YES" To Any Questions Below, Use The Standard Response				
Is there a strong odor?	STANDARD RESPONSE			
Do you hear gas blowing/leaking?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.			
Are you aware of any damage to the gas line?				
Are you feeling dizzy, faint, or ill?				

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	Caution Card Left	Yes <input checked="" type="checkbox"/>	Warning Card Left	Yes <input checked="" type="checkbox"/>	Gas Shut off Time	AM	Meter
Time Received	6:20 AM	Radio		Time Arrived on Site	6:35 AM	Time Departed from Site	11:00 AM	Meter Number:		Meter Locked	Yes <input checked="" type="checkbox"/>	Meter Re-Sealed	Yes <input checked="" type="checkbox"/>	
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	Rock	Main	SP (9-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2"	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	<input checked="" type="checkbox"/> Cinder	Service	IP (1-30)	Dir	Steel	1-2"	<input checked="" type="checkbox"/> Wet	<input checked="" type="checkbox"/> Grade 2 (5 Months)			
Constr/Defect	Fitting	<input checked="" type="checkbox"/> Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	<input checked="" type="checkbox"/> Hot	<input checked="" type="checkbox"/> Grade 3 (12 Months)			
Material/Defect	<input checked="" type="checkbox"/> Regulator	<input checked="" type="checkbox"/> Under/d	<input checked="" type="checkbox"/> Meter	Sand	Gas/Type	IP (61-99.9)	Concrete	PVC	14-12"	<input checked="" type="checkbox"/> Cold				

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		Customer smelled strong odor of gas. We used the flame pak + CGI to pin point the leak. We found a compression fitting leaking. We cut it out + socket welded a piece of 1/2" PE back in. The service went to Circle C trucks behind Cleary Construction.				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air Furnace		Boiler							
Service Representative Name				Jason W.				Date	6-5-15

DISPATCHER SECTION																							
Address		3000 Radio Station Rd			Appt		City		Tombkinsville		County		Time Received	12:30	Date Received	1/16/15							
Customer Name		LDS Church				Phone #		Greg (256) 541-530			Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #										
Received By		Amanda				Leak First Noticed		Date			Time Dispatched	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS											
Inside		<input checked="" type="checkbox"/> Residence		<input type="checkbox"/> School		<input type="checkbox"/> Customer		<input type="checkbox"/> Crew		<input type="checkbox"/> In		<input type="checkbox"/> Out		<input type="checkbox"/> Manhole		Smells gas around regulator							
Outside		<input type="checkbox"/> Public Bldg		<input type="checkbox"/> Comm/Bldg		<input type="checkbox"/> Employee		<input type="checkbox"/> Fire		<input type="checkbox"/> Meter		<input type="checkbox"/> Street		<input type="checkbox"/> Yard									
DISPATCHER REMARKS												Response Given		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If "YES" To Any Questions Below, Issue The Standard Response															STANDARD RESPONSE								
NO		Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																		
NO		Do you hear gas blowing/leaking?																					
NO		Are you aware of any damage to the gas line?																					
NO		Are you feeling dizzy, faint, or ill?																					
SERVICE PERSONNEL SECTION																							
Leak found		Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	AM <input checked="" type="checkbox"/>	Meter								
Time Received		12:30	AM	Radio	Time Arrived on Site	1:00	AM	Time Departed from Site		AM	Meter Number:		Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Equipment							
			PM	Telephone			PM			PM			Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification			
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)	
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)	
Conn/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)	
Material/Defect		Regulator		Undergrd		Meter		Sand		Cast/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold			
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS					Repair Data								
Stove/Range				Radiant Heater																Leak Total:		2	
Hot Water Heater				Ceiling Heater																			
Floor Furnace				Clothes Dryer																			
Forced Air-Furnace				Boiler																			
Service Representative Name		Jason Warr										Date		4-27-15									

DISPATCHER SECTION																													
Address		3260 Radio Station Rd Apt#				City		Tombkinsville		County		Monroe		Time Received		1:00		Date Received		4-15									
Customer Name				Tommy Gerolds				Phone #		Customer Home?		Yes		Customer Account #															
Received By				Jason				Leak First Noticed		Date		4-15		Time Dispatched		AM		Hear Gas Escaping?		Yes									
Location of Leak		Leak Site/Property		Source of Call		Nature of Call				Specific Location				CUSTOMER REMARKS															
Inside		Residence		School		Customer		Crew		In		Out		Manhole		Small leak in ground at tap.													
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS				N/A				Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes															
If "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE																									
<input checked="" type="checkbox"/> Is there a strong odor? <input type="checkbox"/> Do you hear gas blowing/leaking? <input type="checkbox"/> Are you aware of any damage to the gas line? <input type="checkbox"/> Are you feeling dizzy, faint, or ill?				<p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>																									
SERVICE PERSONNEL SECTION																													
Leak Found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		AM		Meter	
		No				No				No				No				No				No		1:70		PM		Equipment	
Time Received		AM		Radio		Time Arrived on Site		AM		Time Departed from Site		AM		Meter Number:		Meter Locked		Yes		No									
		PM		Telephone				PM		2:30		PM				Meter Re-Sealed		Yes		No									
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (10-1)		Grass		Cast		1-2" 3/4		Clear		Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-10)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Conn/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6.3"		Hot		Grade 3 (12 Months)							
Material/Defect		Regulator		Underdgd		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		18-12"		Cold									
Number of Gas Utilization Equipment Worked On									SERVICEMAN REMARKS									Repair Data											
Stove/Range				Radiant Heater								Leak found on a tap on 4-1-15. Small fizzer at cap on a 3x3/4 tap. We shut the tap down & replaced the cap. Soap checked the repairs & restored service to the home.									Leak Total:				1				
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air Furnace				Boiler																									
Service Representative Name				Jason W.												Date				4-13-15									

DISPATCHER SECTION

Address: 2943 Center Point Rd		City: Tombkinsville	County: Monroe	Time Received: 2:05	Date Received: 6/6/15
Customer Name: Mitchell Hagan		Phone #: 487-8715	Customer Home? <input checked="" type="checkbox"/>	Customer Account #	
Received By: Amanda		Leak First Noticed	Date	Time Dispatched	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		
Inside <input type="checkbox"/>	Residence <input checked="" type="checkbox"/>	School <input type="checkbox"/>	Customer <input checked="" type="checkbox"/>	Crew <input type="checkbox"/>	CUSTOMER REMARKS Smells gas in yard
Outside <input checked="" type="checkbox"/>	Public Bldg <input type="checkbox"/>	Comm/Bldg <input type="checkbox"/>	Employee <input type="checkbox"/>	Fire <input type="checkbox"/>	
DISPATCHER REMARKS		Meter	Street	Yard	Response Given: Yes <input type="checkbox"/> No <input type="checkbox"/>
					Gas Supervisor Notified of Issued Response: Yes <input type="checkbox"/> No <input type="checkbox"/>

If "YES" to Any Questions Below, Issue The Standard Response

<input checked="" type="checkbox"/> Is there a strong odor?	<p align="center">STANDARD RESPONSE</p> <p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor-use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>
<input checked="" type="checkbox"/> Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/> Are you aware of any damage to the gas line?	
<input checked="" type="checkbox"/> Are you feeling dizzy, faint, or ill?	

SERVICE PERSONNEL SECTION

Leak Found	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Shut off-Time	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Equipment
Time Received	2:05	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Radio <input type="checkbox"/>	Telephone <input checked="" type="checkbox"/>	Time Arrived on Site	2:15	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Time Departed from Site	2:35	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter Number	Meter Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification					
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)					
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)					
Cons/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)					
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pip	HP (61-99.9)	Concrete	PVC	10-12"	Cold						

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS			
Stove/Range	<input type="checkbox"/>	Boiler Heater	<input type="checkbox"/>	New lock valve leaking. Replaced valve.			
Hot Water Heater	<input type="checkbox"/>	Ceiling Heater	<input type="checkbox"/>				
Floor Furnace	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>				
Forced Air Furnace	<input type="checkbox"/>	Boiler	<input type="checkbox"/>				
Service Representative Name: Jason Warr				Date: 6-6-15			

DISPATCHER SECTION																							
Address		9213 County House Rd				City	Templeville			Memor	Time Received	12:27		Date Received	6/23/15								
Customer Name		Shirley Bryant				Phone #	427-6831			Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #										
Received By		Amanda				Leak First Noticed	Date				Time Dispatched	AM		Hear Gas Escaping?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>					
Location of Leak		<input checked="" type="checkbox"/> Leak Site/Property	Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS												
Inside	<input checked="" type="checkbox"/>	Residence	<input checked="" type="checkbox"/>	School	Customer	<input checked="" type="checkbox"/>	Crew	In		Out		Manhole	Smells gas in house In basement										
Outside		Public Bldg		Comm/Bldg	Employee		Fire	Meter		Street		Yard											
DISPATCHER REMARKS												Response Given	Yes	<input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE													
Yes		Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																		
No		Do you hear gas blowing/leaking?																					
No		Are you aware of any damage to the gas line?																					
No		Are you feeling dizzy, faint, or ill?																					
SERVICE PERSONNEL SECTION																							
Leak found	Yes	<input type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input type="checkbox"/>	Gas Shut off-Time	12:48	AM		Meter	<input checked="" type="checkbox"/>
Time Received	9	12:31	PM	Radio	Telephone	Time Arrived on Site	12:45	PM	Time Departed from Site	1:00	AM	Meter Number	31	Meter Locked	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Equipment				
Leak Cause	Component	Location Detected		Suit Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification												
Corrosion	Pipe	Inside	Main	Rack	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)												
Outside Faces	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)												
Crack/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)												
Material Defect	Regulator	Underground	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold													
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS							Repair Data						
Street/Range		Radiant Heater		Gas detected inside the home. 0.17% on CGI. Meter is off & locked until repairs are made. Pressure test done on 6-24-15 was good. Turned gas back on. Plumber sprayed fireplace fitting & found a leak. Made the repair & retested. No leak detected after repairs													Leak Total:	1					
Hot Water Heater		Ceiling Heater																					
Floor Furnace		Clothes Dryer																					
Forced Air Furnace		Boiler																					
Service Representative Name		Jason W										Date	6-23-15										

DISPATCHER SECTION

Address	Corner of 4th & Lake St		Appt#		City	Tombkinsville	County	Monroe	Time Received	2:27	Date Received	6/30/15
Customer Name	Reported to PD				Phone #		Customer Home?	Yes		Customer Account #		
Received By	Amanda				Leak First Noticed		Date		Time Dispatched	AM	Hour Gas Escaping?	Yes
									PM		No	

Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS			
Inside	Residence	School	Customer	Cruc	In	Out	Manhole					
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					
DISPATCHER REMARKS	Nendell received a call from a motorist passing thru						Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes		
							No		No			

If "YES" To Any Questions Below, Issue The Standard Response	STANDARD RESPONSE								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">Yes</td> <td>Is there a strong odor?</td> </tr> <tr> <td>No</td> <td>Do you hear gas blowing/leaking?</td> </tr> <tr> <td>No</td> <td>Are you aware of any damage to the gas line?</td> </tr> <tr> <td>No</td> <td>Are you feeling dizzy, faint, or ill?</td> </tr> </table>	Yes	Is there a strong odor?	No	Do you hear gas blowing/leaking?	No	Are you aware of any damage to the gas line?	No	Are you feeling dizzy, faint, or ill?	<p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>
Yes	Is there a strong odor?								
No	Do you hear gas blowing/leaking?								
No	Are you aware of any damage to the gas line?								
No	Are you feeling dizzy, faint, or ill?								

SERVICE PERSONNEL SECTION

Leak Found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Caution Card Left	Yes	Warning Card Left	Yes	Gas Shut off-Time	AM	Meter
	No	<input checked="" type="checkbox"/>	No	No	No	No	No	No	No	No	No		PM	Equipment
Time Received	2:27	AM	Radio	Time Arrived on Site	2:35	AM	Time Departed from Site	2:50	AM	Meter Number		Meter Locked	Yes	No
		<input checked="" type="checkbox"/>	Telephone			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			Meter Red Sealed	Yes	No
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cust	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Clinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material/Defect	Regulator	Underg	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				

Number of Gas Utilization Equipment Worked On	SERVICEMAN REMARKS	Repair Data										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Stove/Range</td> <td>Radiant Heater</td> </tr> <tr> <td>Hot Water Heater</td> <td>Ceiling Heater</td> </tr> <tr> <td>Flow Furnace</td> <td>Clothes Dryer</td> </tr> <tr> <td>Forced Air-Furnace</td> <td>Boiler</td> </tr> </table>	Stove/Range	Radiant Heater	Hot Water Heater	Ceiling Heater	Flow Furnace	Clothes Dryer	Forced Air-Furnace	Boiler	<p align="center">NO Leak found. Used Flame pack in the area with no results.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Leak Total:</td> <td align="center">0</td> </tr> </table>	Leak Total:	0
Stove/Range	Radiant Heater											
Hot Water Heater	Ceiling Heater											
Flow Furnace	Clothes Dryer											
Forced Air-Furnace	Boiler											
Leak Total:	0											
Service Representative Name	Jason W.	Date										
		6-30-14										

DISPATCHER SECTION

Address	Anderson Forest Products Hwy 163		Appl	City	Tompkinsville	County	Monroe	Time Received	10:00	Date Received	6-10-15	
Customer Name	Anderson Main Line				Phone #	Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #			
Received By	Marvin Anderson				Leak First Noticed	Date	Time Dispatched	10:00	<input checked="" type="checkbox"/> AM	Hear Gas Escaping?	Yes	<input checked="" type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS			
Inside	Residence	School	Customer	<input checked="" type="checkbox"/>	Crew	In	Out	Manhole	Hit 2" main while installing water service			
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	<input checked="" type="checkbox"/> Employee		Fire	Meter	Street	Yard				
DISPATCHER REMARKS							Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes	<input checked="" type="checkbox"/>
								No			No	

If "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE							
<input checked="" type="checkbox"/>	Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.							
<input checked="" type="checkbox"/>	Do you hear gas blowing/leaking?										
<input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?										
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?										

SERVICE PERSONNEL SECTION																						
Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	10:10	<input checked="" type="checkbox"/> AM	Meter	
	No			No			No			No			No			No			PM		Equipment	
Time Received	10:00	<input checked="" type="checkbox"/> AM	Radio		Time Arrived on Site	10:05	<input checked="" type="checkbox"/> AM	Time Departed from Site	11:00	<input checked="" type="checkbox"/> AM	Meter Number		Meter Locked	Yes		No						
		PM	Telephone	<input checked="" type="checkbox"/>			PM			PM			Meter Red Sealed	Yes		No						
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification											
Corrosion	Pipe	<input checked="" type="checkbox"/>	Inside	Main	<input checked="" type="checkbox"/>	Rack	Main	<input checked="" type="checkbox"/>	SP (0-1)	Grass	<input checked="" type="checkbox"/>	Cast	1-2"	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	Grade 1 (Immediately)	<input checked="" type="checkbox"/>				
Outside Force	<input checked="" type="checkbox"/>	Valve	Outside	Service		Clay	Service		IP (1-30)	Dirt		Steel	3-4"		Wet		Grade 2 (5 Months)					
Cost/Defect		Fitting	Manhole	Valve		Clay	Meter	<input checked="" type="checkbox"/>	MP (31-60)	<input checked="" type="checkbox"/>	Asphalt	PE	<input checked="" type="checkbox"/>	6-8"		Hot		Grade 3 (12 Months)				
Material/Defect		Register	Underground	<input checked="" type="checkbox"/>	Meter	Sand	Cast/Pipe		HP (61-99.9)		Concrete	PVC		10-12"		Cold						

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS								Repair Date		
Stove/Range		Radiant Heater		Monroe County Water hit a 2" main while installing a water service. We located a 2" main above the dig site, but we were unaware of another line in the area.								Leak Total:		1
Hot Water Heater		Ceiling Heater												
Floor Furnace		Clothes Dryer												
Forced Air-Furnace		Boiler												
Service Representative Name				Jan W.								Date	6-10-15	

