

FORM 2 - GAS LEAK DETECTION SURVEY

- Mobile Leak Survey
- Walking Leak Survey
- Other _____

Date _____
 Equipment Calibration Date _____
 Equipment I.D. _____

Print Number(s) _____
 (Date, Initial and Highlight Areas Surveyed)

Survey Beginning (Survey Station) _____ Odometer _____

Survey Ending (Survey Station) _____ Odometer _____

R.O.W. Condition Good Fair Bad

Weather Conditions _____

Leak No.	Leak Location (Survey Station)	Leak Classification Grade:			Action Taken
		1	2	3	
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks _____

Leaks
 Reported To: _____

Operator
 Signature _____