YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

TO:

_____

_____

_____

POOL SERVICES
Work Order/Invoice

001001

DATE OF ORDER ___/___/___	DATE SCHEDULED ___/___/___
PHONE	WORK ORDERED BY
STARTING DATE/TIME	☐ WARRANTY ☐ CONTRACT ☐ NORMAL ☐ SERVICE CONTRACT ☐ RES. ☐ COMM. ☐ OTHER _____
JOB NAME/NO.	
JOB LOCATION	
INVOICE DATE	JOB PHONE
CUSTOMER REPORTS PROBLEM	☐ PUMP ☐ FILTER ☐ CONTROLS

CHECKLIST	✓ NEEDS ATTENTION
BASIC SAFETY	☐ CHECK FLUE VENTING OR RUST AND INTEGRITY
☐ ANIT VORTEX-SUCTION FITTINGS	☐ CHECK THERMOSTAT OPERATION
☐ GATE-SELF CLOSING SELF LATCHING	☐ FIREMAN'S SWITCH OPERATION
☐ CONDITION OF DIVING BOARD OR SLIDE	☐ CHECK PILOT
CHEMICAL SYSTEMS	☐ CHECK GAS VALVE
☐ OZONATOR	☐ CHECK BURNER CLEANLINESS
☐ MINERAL PURIFIER (FROG & NATURE OR OTHER)	☐ CHECK BURNER FLAME QUALITY
☐ SIZE OF PURIFIER	☐ TEST PRESSURE SWITCH
☐ SALT GENERATOR (TEST SALT LEVEL)	☐ TUBES, HEAT EXCHANGER
CONTROLS	☐ CHECK
☐ CHECK AUTOFILL	☐ EXPLAIN _____
☐ TIMECLOCKS	**PHYSICAL**
☐ ACCURATE TIME	☐ PUSH PULL VALVE OPERATION
☐ CONDITION OF BOX	☐ MULTI-PORT VALVE OPERATION
☐ TEST CONTROLS–VALVE OPERATIONS	☐ ROTOR VALVE OPERATION
☐ TEST SPA SIDE REMOTE	☐ O RINGS
☐ LIGHTS	☐ LEAKS
☐ GFI	☐ WATER LEVEL
COVER	**PUMP/MOTOR**
☐ TYPE: ☐ AUTOMATIC ☐ SAFETY ☐ WINTER ☐ SOLAR	☐ CHECK ALL PUMP & MOTOR OPERATIONS
☐ REEL OPERATION INCLUDING PULLEYS AND MECHANISM	☐ FASTENERS
☐ ANCHORS AND STRAPS CHECKED CONDITION OF COVER (TEARS & RIPS)	☐ INOPERABLE
☐ CONTROLLER AND MOTOR OPERATION	☐ SIZE APPROPRIATE ☐ YES ☐ NO (SEE NOTATION)
☐ CHECK TRACK CLEANLINESS	☐ SOUND LEVEL
ELECTRICAL/LIGHTING	☐ MOTOR RUNNING TEMPERATURE
☐ TIME CLOCK CONTROLLER TYPE ☐ MECHANICAL ☐ ELECTRICAL	☐ SHAFT TURNS FREELY
☐ ASSURE PROPER WIRING INTEGRITY	☐ RETURN WATER PRESSURE OK?
☐ LIGHTING OPERATIONS	☐ PRIMING OK?
☐ BATTERY BACKUP	☐ EXPLAIN _____
☐ TIMING SET FOR APPROPRIATE OPERATION	**SPA/BOOSTER/CLEANER PUMP**
☐ SPA BLOWER	☐ SIZE CORRECT
☐ GFCI	☐ SOUND LEVEL
☐ FREEZE PROTECTION SPA WORKING	☐ MOTOR TEMP OK?
☐ WIRING CONDUITS INTACT & CONNECTIONS OK	☐ SHAFT TURNING FREELY
FILTER	☐ CHECK SPA OPERATIONS
☐ TYPE ☐ SAND ☐ CARTRIDGE ☐ DE	☐ JETS
☐ PRESSURE READING	☐ SPA LIGHT
☐ BACKWASH VALVE	☐ CHECK SPA VALVES
☐ BLEED VALVE	**TEST WATER**
☐ INOPERABLE	☐ TEST PH
☐ FILTER LARGE ENOUGH FOR POOL	☐ TEST CHLORINE
☐ RECHARGE DE	☐ TEST PHOSPHATES
☐ PRESSURE GAUGE OPERATION AND READABILITY	☐ POOL WATER BALANCE
☐ RELIEF OPERATION CHECKED	☐ FREE CHLORINE 1.0 PPM TO 3.0 PPM
HEATER	☐ TOTAL CHLORINE 1.5 PPM TO 3 PPM
☐ GAS ☐ HEAT PUMP ☐ ELECTRIC	☐ PH 7.4 TO 7.6 PPM
☐ DOES IT FIRE	☐ TOTAL ALKALINITY 50 TO 150 PPM
☐ CHECK FLAMES	☐ CALCIUM HARDNESS 175 TO 275 PPM
☐ CHECK BURNER TRAY	☐ TOTAL BROMINE 3 PPM - 5 PPM
☐ CHECK FOR GAS LEAK	☐ CHLORINATION TYPE ☐ INLINE ☐ FLOATING
☐ IS HEATER DIRTY	☐ OVERALL WATER CONDITION
☐ INOPERABLE	**MISC. WATER FEATURES**
☐ ALL WATER FLOW PROPERLY OPERATING FOR PROPER HEATER OPERATION	☐ WATERFALL
☐ POWER TO UNIT	☐ SCONCE
☐ TOP OF HEATER FREE OF ALL DEBRIS AND OBJECTS	☐ AUTOFILL
	☐ _____
	VAC SWEEP
	☐ TYPE: ☐ SWEEP ☐ SUCTION
	☐ PRESSURE
	☐ OPERATION
	☐ WEAR AND TEAR
	WATERSIDE
	☐ SKIMMER AND BASKETS CLEAN
	☐ BASKETS INTACT
	☐ SKIMMER COVERS INTACT
	☐ AUTOFILL DEVICE WORKING PROPERLY

QTY	PART #	DESCRIPTION

LABOR	HRS.	RATE	AMOUNT
		TOTAL LABOR	

QTY.	MATERIAL	UNIT PRICE	AMOUNT

WARRANTY TERMS: We provide the highest level of professionalism and quality service. Our service repair warranty policy is

1. All parts replaced by us will be warranted for a period of _____.
2. Our repair labor is warranted for a period of _____. This is the labor to repair or replace the part we installed in the initial repair, and not to correct other problems that may have arisen in the interim.

TECHNICIAN

I hereby acknowledge the satisfactory completion of the above described work.

X _____ _____
Signature (Title) Date

TOTAL MATERIALS	
TOTAL LABOR	
DIAGNOSTIC CHARGE	
TAX	
TOTAL	

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Thank You!