

Fix Urinal Odours

Field Survey & Urinal Log

wes@water.net.au mob: 0408 928 530

Date _____

Rep Name: _____

Company Name _____ Sheet ___ of ___

Address _____

Site Contact _____ Site Phone _____

Area _____ Building Name _____

Toilet Name _____

Urinal Type **Qty** **Type**
Wall Hung _____ Integra Leda Villeroy & Boch
Trough _____ Stainless Steel Ceramic

Urinal Shape Flat L Shape Square L Shape-Offset U Shape

Urinal Size 1. _____ mm 2. _____ mm 3. _____ mm

Pooling? Yes No **Urinal Condition** _____

Flush Outlet Type Spreader Bar Sparge Jets Folded SS Other...

Flush Coverage Good Poor Patchy

Condition Good Smelly Old/Smelly Dirty _____ Very Dirty _____ Crystals _____

Outlet quantity 1 2 3 **Photos Taken?**

Outlet Size 50 60 65 70 80 90 100 Torres Integra Leda Other

Cistern Type External Inwall Flush Tank In Duct **Qty** 1 2 3 4 5

Existing Auto Flush Yes No **Type** Zip Concealed In Plate IR Other

Qty 1 2 3 4 5 _____

Power in Room? None Power Point Hardwired Dryer Roof Access?

Room Construction Suspended Ceiling? Solid Ceiling Solid Walls Cavity Walls No Yes

Urinal Comments

Please take as many photos as possible for Pictorial Report send to wes@water.net.au or MOB **0408 928 530**

Site Photos

Urinal Photo _____ Urinal Pan photo _____ Waste outlet Photo _____

Urinal Step /Grate photos _____ Floor Photos _____ Floor wastes _____

Electrical Points _____ Auto Flush _____ Cistern Photo _____

Works Required or undertaken and Other Comments for Report