

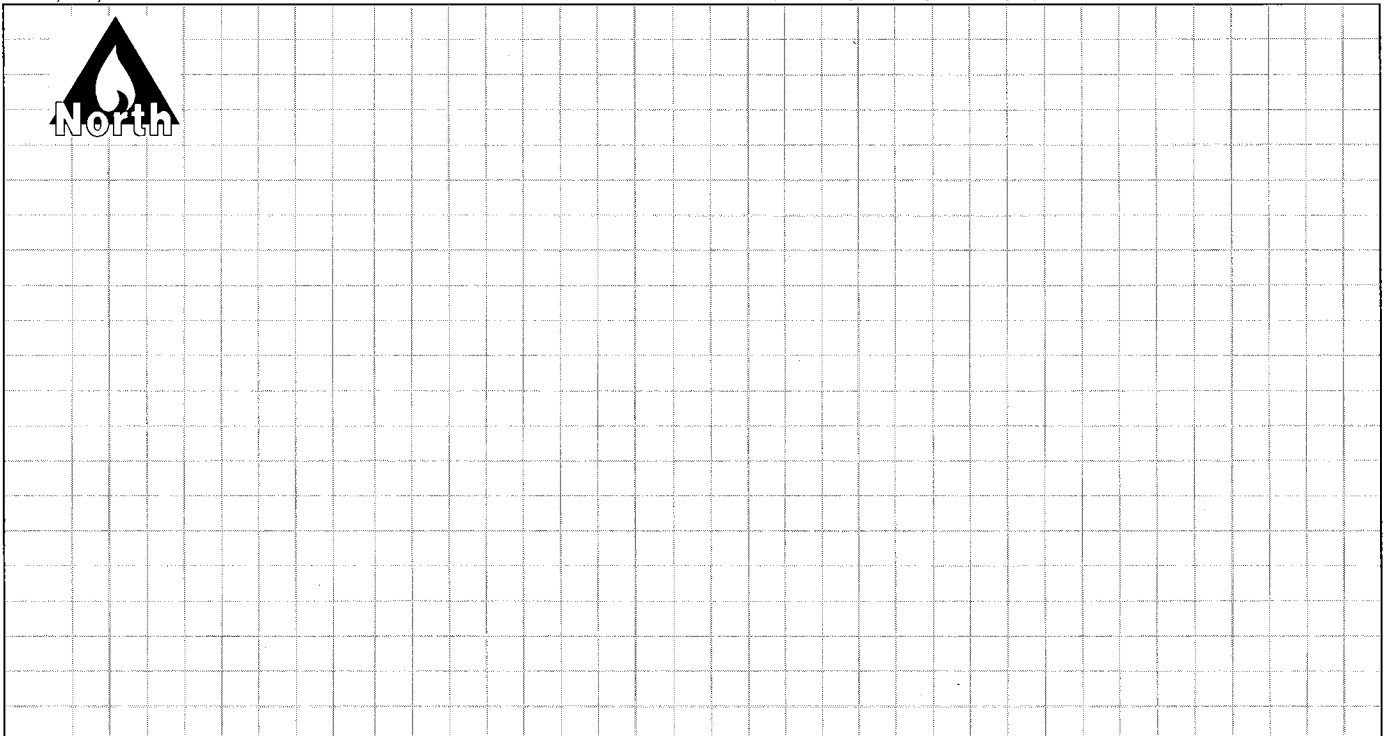
CASCADE NATURAL GAS CORPORATION  
**LEAK INVESTIGATION**

LEAK WORK ORDER NO.		LEAK LOCATION		ADDRESS	CITY /STATE
DETECTED	DATE	TIME	REPORTED BY	NAME	
REPORTED	DATE	TIME	ADDRESS IF NOT AN EMPLOYEE	ADDRESS	CITY /STATE

**UNDERGROUND PROBE READINGS – IF YOU NEED MORE THAN 10 PROBES DRAW TABLE ON BACK.**

ACTION CODES:		IN = INITIAL	RV = RE-EVALUATION	FOL = FOLLOW-UP	ASP = USED ASPIRATOR (SHOW LOCATION ON SKETCH)
ACTION TAKEN					
DATE					
TIME					
PERFORMED BY					
INST. SER. NOS.					
INST. CALIB. DATES					
PROBE IDENTIFICATION (READINGS % GAS UNLESS NOTED DIFFERENT)	A				
	B				
	C				
	D				
	E				
	F				
	G				
	H				
	I				
	J				
LEAK GRADE (1,2,3)					

**SKETCH – DRAW BAR HOLE LOCATIONS, PIPE, AND STREET BOUNDARIES. INCLUDE ALL INFORMATION USED IN THE GRADING OF THE LEAK, I.E., LOCATION OF PAVED AREAS AND BUILDINGS IF WITHIN THE AREA OF INFLUENCE OF THE GAS. ADD COMMENTS TO SKETCH.**



SUPERVISOR REVIEW:	DATE
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