

REQUISITION DATE:	TIME:	REQUESTED BY: <input type="checkbox"/> CUSTOMER <input type="checkbox"/> FFPC
CUSTOMER/CONTRACTOR NAME:		CUSTOMER REQUEST REC'D BY: <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> IN PERSON
ACCOUNT #	LOCATION #	
PHONE #:		RECOVERABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
SITE ADDRESS:		

NATURE OF REQUEST				
<input type="checkbox"/> SITE MEETING	<input type="checkbox"/> A.S.A.P	<input type="checkbox"/> SCHEDULED TIME	CUSTOMER PRESENCE REQUIRED/REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> TREES IN LINE	<input type="checkbox"/> CUSTOMER RESPONSIBILITY <input type="checkbox"/> FFPC RESPONSIBILITY <input type="checkbox"/> OTHER:			
<input type="checkbox"/> POWER QUALITY PROBLEMS	<input type="checkbox"/> CUSTOMER SIDE <input type="checkbox"/> FFPC SIDE			
<input type="checkbox"/> SAFETY CONCERN	<input type="checkbox"/> CUSTOMER SIDE <input type="checkbox"/> FFPC SIDE <input type="checkbox"/> OTHER:			
<input type="checkbox"/> DISCONNECT/RECONNECT	<input type="checkbox"/> PLUG METER	<input type="checkbox"/> UNPLUG METER	<input type="checkbox"/> METER OUT/LINES DOWN	<input type="checkbox"/> @SOURCE (POLE/MIDSPAN)
	TIME: _____	TIME: _____	TIME: _____	TIME: _____
<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> LOW (<750VOLTS) <input type="checkbox"/> HIGH (>750VOLTS) <input type="checkbox"/> ESA AUTHORIZATION REC'D <input type="checkbox"/> SERVICE CONDITIONS SATISFIED			
<input type="checkbox"/> METER READ REQUEST	METER # FF _____ LAN ID _____ KWH _____ KVA _____			

INQUIRY COMMENTS:

APPOINTMENT SCHEDULED: <input type="checkbox"/> AM <input type="checkbox"/> PM	APPOINTMENT MET: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE & TIME OF SCHEDULED MEETING WITH CUSTOMER	ARRIVAL DATE&TIME
	INITIALS
DATE & TIME OF RESCHEDULED MEETING WITH CUSTOMER	ARRIVAL DATE&TIME
	INITIALS

SITE VISIT RESULTS & COMMENTS: **WORK ORDER ISSUED: #** _____

<input type="checkbox"/> METER CHANGE <input type="checkbox"/> DEFECTIVE METER <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> TEMP SERVICE <input type="checkbox"/> REMOVE METER <input type="checkbox"/> RE-ENERGIZE SERVICE <input type="checkbox"/> METER BASE DAMAGE <input type="checkbox"/> OTHER	METER OUT:	METER IN:
	#FF _____	#FF _____
	READING (KWH) _____	READING (KWH) _____
	DEMAND _____ <input type="checkbox"/> KW <input type="checkbox"/> KVA	DEMAND _____ <input type="checkbox"/> KW <input type="checkbox"/> KVA
	MULT. _____	MULT. _____
TYPE _____ <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH	TYPE _____ <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH	
TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

STATUS OF WORK: <input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE <input type="checkbox"/> TEMPORARY REPAIRS MADE	RECORD OF INSPECTION & CERTIFICATE: <input type="checkbox"/> NO UNDUE HAZARDS <input type="checkbox"/> SITE LEFT IN SAFE CONDITION <input type="checkbox"/> APPROVED MAT'L USED <input type="checkbox"/> WORK IN ACCORDANCE WITH STANDARDS <input type="checkbox"/> NOT IN ACCORDANCE; SEND TO SUPERVISOR
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QUALIFIED PERSON:	SIGNATURE:	DATE:	TIME:
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OEB COMPLIANT YES NO N/A