

<input type="checkbox"/> Patrolled – Clear <input type="checkbox"/> Patrolled - Damage <input type="checkbox"/> Repairs Complete	Ticket #		
	Ticket Date:		
	<input type="checkbox"/> Feeder	<input type="checkbox"/> Lateral	<input type="checkbox"/> Single No
	<input type="checkbox"/> OCR	<input type="checkbox"/> Transformer	Current
	Patrol Person Assigned:		
	Date/Time Assigned:		
Date/Time Patrolled:			
Substation:		Customer Address:	
Feeder #		Device Address:	
Map #		TLN/TLM #	
Feeder Section Patrolled: From SW # _____ to SW# _____ to SW# _____			
Area: <input type="checkbox"/> 13 kV <input type="checkbox"/> 23 kV <input type="checkbox"/> Salt Spray			
MAJOR MATERIALS			
Equipment	Size/Type	Qty	Description of Damage
Poles			
Primary Conductor			
Neutral Conductor			
Secondary Conductor			
Recloser			
Disconnect Switch			
Services Completely Replaced			
Capacitor Bank			
Transformer	Voltage	Qty	Description of Damage
Remarks:			
Conditions			
<input type="checkbox"/> Accessible	Tree Work Needed Before Working?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Accessible	TWA # (if applicable):		(if yes,explain below) Number of Trees:
<input type="checkbox"/> Environmental Concerns (if <input type="checkbox"/> explain below)			
<input type="checkbox"/> Advised environmental (date) ____/____/____			
<input type="checkbox"/> Customer needs to repair facilities (<input type="checkbox"/> each): ____Weatherhead ____Meter can ____Other			
<input type="checkbox"/> Customer advised (Form S-13) Date: ____/____/____ Time: ____/____/____			
<input type="checkbox"/> Additional comments / Instructions on the back of this sheet			