

**Daily Report**

Field No. : \_\_\_\_\_

Project Name/No. : \_\_\_\_\_

Site Location : \_\_\_\_\_ Survey Date : \_\_\_\_\_

Team Leader : \_\_\_\_\_ Weather : \_\_\_\_\_

Team member : \_\_\_\_\_ Vehicle : \_\_\_\_\_

Equipment no. : \_\_\_\_\_

**Type of Survey (tick as appropriate)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Confined Space Inspection     | <input type="checkbox"/> CCTV Survey   | <input type="checkbox"/> Manhole Survey   | <input type="checkbox"/> Water Leak Detection |
| <input type="checkbox"/> Utility Survey                | <input type="checkbox"/> Pipe Relining | <input type="checkbox"/> Man Entry Survey | <input type="checkbox"/> Topographic Survey   |
| <input type="checkbox"/> Others (please specify) _____ |  |   |   |

**Manhole Survey**

No. of M/H \_\_\_\_\_

No. of UTS \_\_\_\_\_

No. of UTO \_\_\_\_\_

Jetting Required

**CCTV Survey**

No. of setup \_\_\_\_\_

Total length \_\_\_\_\_ m

No. of S.A. \_\_\_\_\_

Jetting Required

**Pipe Relining**

No. of setup \_\_\_\_\_

Total Length \_\_\_\_\_ m

Pipe Size \_\_\_\_\_ mm

**Water Leak Detection**

No. of segment \_\_\_\_\_

No. of pipe leak \_\_\_\_\_

No. of valve leak \_\_\_\_\_

Sign of Seepage

**Survey Details**

Time	Description	Remarks
-	Travel	
-		
-		
-		
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-		
-		
-		
-	Travel	

<u><b>Prepared by</b></u>	<u><b>Approved by</b></u>	<u><b>Acknowledge Receipt by</b></u>
_____	_____	_____
Team Leader	Project In-charge	Engineer's Representative
Date: _____	Date: _____	Date: _____