



Out of Gas/Leak/Odor Report Log

DAY	TIME	CUSTOMER NAME	REASON FOR CALL	OUT OF GAS (x)	LEAK (x)	ODOR (x)	CALL RECIEVED BY (initial)
___/___/___	___ am ___ pm						
___/___/___	___ am ___ pm						
___/___/___	___ am ___ pm						
___/___/___	___ am ___ pm						
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___/___/___	___ am ___ pm						
___/___/___	___ am ___ pm						
___/___/___	___ am ___ pm						
___/___/___	___ am ___ pm						

MONTH _____ YEAR _____