

STEAM SERVICES

WORK ORDER

Work Order #	
Date	
PO Number	

CLIENT & SITE INFORMATION

Customer Name		Site Contact	
Service Address		Phone	
		Email	

STEAM SYSTEM SPECIFICATIONS

Operating Pressure (PSI)		Steam Type (Saturated/Superheated)	
Piping Material & Schedule		Insulation Requirements	
Boiler Model/ID		Work Category (Install/Repair/Maint)	

SCOPE OF WORK & DESCRIPTION OF SERVICE

MATERIALS & PARTS USED

PART / ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL

LABOR & TECHNICIAN LOG

TECHNICIAN NAME	DATE	HOURS	RATE	TOTAL

SYSTEM TESTING & SAFETY CHECKLIST

<input type="checkbox"/>	Hydrostatic / Pneumatic Pressure Test Completed (PSI: _____)	<input type="checkbox"/>	Condensate Traps & Drains Checked
<input type="checkbox"/>	Visual Weld & Joint Integrity Inspection Passed	<input type="checkbox"/>	Steam Strainer Elements Cleaned/Replaced
<input type="checkbox"/>	Safety Valve / Pressure Relief Tested & Verified	<input type="checkbox"/>	Insulation & Lagging Installed / Repaired
<input type="checkbox"/>	Expansion Joints & Pipe Anchors Inspected	<input type="checkbox"/>	System Blow down & Flushed Clean

Material Total	
Labor Total	
Tax / Misc	
Grand Total	

Technician Signature

Date: _____

Customer Authorization & Acceptance

Date: _____