

# Drain System Maintenance Program Proposal

Submitted to: \_\_\_\_\_ Company: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

	Product	Initial Dosage	Maint. Dosage	Monthly Usage	Equipment
<b>Drains</b> # of drains: _____					
<b>Grease Trap(s)</b> Size of trap: _____					
<b>Septic Tank(s)</b> Size of tank: _____					

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suggested Initial Order:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## General Cleaning:

**Carpet / Furniture**  
 Spot Removal: \_\_\_\_\_

**Chewing Gum**  
 Removal: \_\_\_\_\_

**Cleanser:** \_\_\_\_\_

**Degreaser:** \_\_\_\_\_

**Deodorant:** \_\_\_\_\_

**Descaler:** \_\_\_\_\_

**Dishwashing:** \_\_\_\_\_

**Disinfectant:** \_\_\_\_\_

**Disinfectant**  
 Detergent: \_\_\_\_\_

**Floor Cleaner:** \_\_\_\_\_

**Glass Cleaner:** \_\_\_\_\_

**Hand Cleaner:** \_\_\_\_\_

**Oven Cleaner:** \_\_\_\_\_

**Silverware Soaking:** \_\_\_\_\_

**Stainless Steel**  
 Cleaning: \_\_\_\_\_

**Table Cleaner:** \_\_\_\_\_

**Trash Receptacles:** \_\_\_\_\_

**Washroom Fixtures:** \_\_\_\_\_

United Representative:  
 \_\_\_\_\_

Phone Number:  
 \_\_\_\_\_

Date:  
 \_\_\_\_\_

**General Cleaning Equipment:**

A043 Hosemaster Sprayer \_\_\_\_\_

A207 KARCHER High Pressure Washer \_\_\_\_\_

A700 DEMA Cleaning Center \_\_\_\_\_