

Engineering Assessment Form

Customer Details

Customer		Job Priority	
Customer job Number		Contact person	
Date		Contact Number	

Input Data

Brief description of defect:	<p>NOTE* Indicate configurations e.g. Elbow, Straight, Tee, Y etc. NOTE* Indicate Obstacles such as flanges, leak sealing clamps etc. NOTE* Provide sketch of location. NOTE* indicate accessibility concerns. 80mm required between piping to wrap</p>		
Plant and Unit?		P & ID number?	
Equipment Number?		Equipment description?	
Process service?		Operating temperature?	
Base material and grade?		Operating pressure?	
OD of Damaged Pipe		Length of Repair required?	

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Leaking defect?	YES / NO	Insulated?	YES / NO
Size of leaking defect?		Insulation type?	
Defect axial extend?		Min. Design temperature?	
Defect Circumferential extend?		Max. Design temperature?	
Eternal loads?	YES / NO	Max. Design Pressure?	
External load details?		Lowest remaining wall thickness?	
Original nominal thickness		Desired repair lifetime?	
Under ground?	YES / NO	Heat Tracing?	YES / NO
Depth buried?		Heat Tracing type?	
Internal or external defects?		Surface Preparation available?	YES / NO
		Surface prep type?	A-Sandblast B-Bristle Blast C-Hand tool cleaning
Input Data Confirmation	<input type="checkbox"/> please tick		
Customer Name & Position			
Date			
Signature			