

# 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.<br/>         NOTE* Indicate Obstacles such as flanges, leak sealing clamps etc.<br/>         NOTE* Provide sketch of location.<br/>         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? |  |

# Engineering Assessment Form

|                                |                                      |                                  |  |
|--------------------------------|--------------------------------------|----------------------------------|--|
| 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?         |  |
| External 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<br>B-Bristle Blast<br>C-Hand tool cleaning |
| Input Data Confirmation        | <input type="checkbox"/> please tick |                                  |  |
| Customer Name & Position       |                                      |                                  |  |
| Date                           |                                      |                                  |  |
| Signature                      |                                      |                                  |  |