

ENGINEERING ASSESSMENT FORM

Contact Information:

Date: _____

Company: _____

Contact(s): _____

Address: _____

City: _____ State: _____ Country: _____ Zip / Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Location of Line:

Owner (if different from contact info): _____

Location of Line: _____ Line Identification Info: _____

Pipe Information:

Pipe Material: _____ Grade: _____ Schedule: _____

Pipe Diameter: _____ Pipe: _____ Tee: _____ Elbow: _____ Tank: _____

S.M.Y.S. _____ Original Wall Thickness: _____ Pipe Coating (existing) _____

Pipe Support: Buried _____ Hangers _____ Pipe Racks _____ Sleepers _____ Thrust Blocks _____

Pipe Service Information:

Product Carried in Pipe: _____ Concentration: _____

Operating Pressure / Continuous or Intermittent / Cyclical: _____

Design Pressure: _____ Test Pressure: _____ Do you require fire proofing:(Yes / No)

Are you operating at reduced pressure due to pipe conditions? (Yes / No) Humidity Level: _____

Operating T° / Continuous or Intermittent / Cyclical: _____ Max expected T° of pipe: _____

ASME-PCC-2 Repair Type: (A) Non-Leaking _____ (B) Leaking _____ (C) Non-Leaking Tee _____ (D) Leaking Tee _____

Pipe Loading	Operating	Design		
Axial Load			<input type="checkbox"/> Sustained	<input type="checkbox"/> Occasional
Bending Moment			<input type="checkbox"/> Sustained	<input type="checkbox"/> Occasional
Shear Load			<input type="checkbox"/> Sustained	<input type="checkbox"/> Occasional
Torsion			<input type="checkbox"/> Sustained	<input type="checkbox"/> Occasional
Other Loads			<input type="checkbox"/> Sustained	<input type="checkbox"/> Occasional

Pipe Condition:

Defect	Location (o'clock)	Linear Length Available	Distance from Weld	Size of Defect: length/width	Depth of defect ¹	Cause of Defect: M , I or E *	Type: thinning, rust, dent, gouge, etc	Leaking or Not	Blow Spray Drip
1									
2									
3									
4									

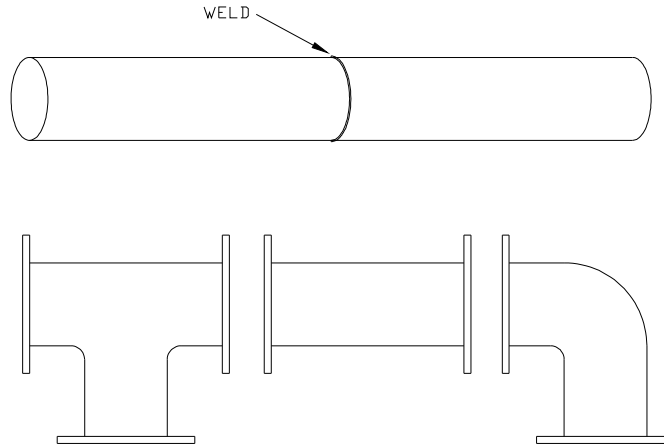
* **M** Mechanical, **I** Internal corrosion, **E** External corrosion

¹ Depth of Defect should be measured starting from the original, undamaged outer pipe wall, in towards the inside of pipe wall. This helps calculate wall loss.

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Details of Defects:

Please attach pertinent drawings, photos, inspection reports for each repair area identified and please fill out the chart (above) and sketch (below). Identify each of the individual defects on drawing by placing a corresponding number on sketch.



Installation Questions:

Is the line leaking? Yes / No Describe: _____

Can the line be depressurized for repair? Yes / No If not, reduced pressure during repair: _____

Can it be drained? Yes / No T° during repair: _____

Maximum allowable downtime for the system? _____

Can the area be prepared by sandblasting? Yes / No Can the area be prepared with power tools? Yes / No

Does the pipe have an existing coating or paint? Yes / No Describe: _____

Has paint or coating been tested for lead? Yes / No Results: _____

Access elevation - Above Grade: _____ Below grade: _____

Vertical wrap est ft: _____ Horizontal wrap est ft: _____

Is there limited access to the damaged area? Yes / No Describe: _____

Does the area require scaffolding? Yes / No Can the repair area be heated via curing blankets? Yes / No

Who will perform the installation? _____

Emergency repair: Yes / No Scheduled start date: _____

Are there any time constraints we should be aware of? _____

Completed By: _____

Please complete all sections that apply, attach any digital photos or drawings: Send this information to sales@neptuneresearch.com. For immediate assistance contact Neptune Research, Inc. (561) 683-6992.

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