PCS PREMIER CORROSION SOLUTIONS

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EXPANSION JOINT INSPECTION FORM

PCS Personnel:	Tag #:
MD or Rep:	Serial #:
Email:	Date:
Customer Name:	Contact:
Plant Contact:	Phone #:
	Plant Location:
	Title:

Industry: ☐ Power ☐ Pulp/Paper ☐ Chemical ☐ Municipal ☐ Industrial ☐ Other:

EJ Configuration:

- ☐ Round
- ☐ Conc. Red. ☐ Ecc. Red.

EJ Detail

- ☐ Sleeve Type
- ☐ Rubber Integral Flanges
- ☐ Metal Floating Flanges

Material

- ☐ Rubber
- ☐ Teflon
- ☐ PTFE/FEP Convoluted
- No. of Convolutions:
- ☐ Metal
- ☐ Duct Type

Visual Inspection

- ☐ Bolts in Backwards
- ☐ Bolt Interference
- ☐ Cover Delaminated
- ☐ Flange OD Delaminated
- ☐ Arch Twisted
- ☐ Arch Collapsed
- ☐ Minor Surface Cracking
- ☐ Cracking-Base of Flange
- ☐ Cracking-Base of Arch
- ☐ Fabric Exposed
- ☐ Fabric Torn
- ☐ Leaking
- ☐ Ballooning
- ☐ Over Extended

System Requirements

- Max. Temperature:
- Max. Pressure:
- Max. Vacuum:
- Media:
- Max. Compression:
- Max. Lateral:
- Max. Extension:

Inspector Summary

- ☐ Needs to be Replaced
- ☐ Reinspect w/in next 6 months
- ☐ Good Condition
- ☐ Newly Installed

Replacement Recommendation

- PCS Style:
- Size:
- Materials:
- Notes:

Arch Configuration

- # of Arches: ☐ No Arches
- ☐ Wide Arch ☐ Abrupt Arch
- ☐ Open Arch ☐ Filled Arch

Flange Drilling

☐ STD 150# ☐ NON-STANDARD

Flange 1 (Non Std)	Flange 2 (Non Std)
OD	OD
BC	BC
# of BHs	# of BHs
BH Dia.	BH Dia.

Retaining Ring Detail

- ☐ 1/4" Thick ☐ 3/8" Thick
- ☐ No rings, floating flange
- Condition:
- Material:

Control Unit Detail

- Installed? ☐ Yes ☐ No ☐ Limit ☐ Control
- # of Rods/Sets:
- Material:
- Condition:
- Compression Sleeves? ☐ Yes ☐ No

Pipe Run (Installation Orientation)

DETERMINED BY FLOW OF MEDIA

- ☐ Vertical: ☐ Horizontal:
- Other:

Connecting Equipment

☐ Suction ☐ Discharge

FIELD MEASUREMENTS

It's very important to read the instructions below and fill in the information completely.

View Looking At:

FF at 12:00:
Lateral Offset:
Define Lateral Offset: *(Check one arrow)*
Top/Front Flange is ☐↑ ☐↓ Relative to the Bottom/Back Flange

FF at 9:00:
Lateral Offset:
Define Lateral Offset:
(Check one arrow)
Top/Front Flange is ☐←→☐
Relative to the Bottom/Back Flange

ID:

FF at 3:00:
Lateral Offset:
Define Lateral Offset:
(Check one arrow)
Top/Front Flange is ☐←→☐
Relative to the Bottom/Back Flange

FF at 6:00:
Lateral Offset:
Define Lateral Offset: *(Check one arrow)*
Top/Front Flange is ☐↑ ☐↓ Relative to the Bottom/Back Flange

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YOUR TRUSTED & PREFERRED EXPANSION JOINT PARTNER