

Gamma Scan Information Questionnaire

Company Name _____

Plant Location _____

Contact Name _____ Title _____

Telephone _____ Ext. _____ Fax _____

E-mail _____

Column Name/ID # _____

Equipment Service _____

Tan-Tan Height _____ Diameter _____ Wall Thickness _____

Trayed or Packed _____ # Tray passes (if trayed) _____

Number of Scans _____ Scanned before? Yes/No _____

Accessibility (ladders/platforms near top) Yes/No _____

Symptoms: _____

Is this scan for baseline, troubleshooting, etc.? _____

Are there any nuclear level devices on this column or nearby? Yes/No _____

What are the current operating rates in relation to the designed rates?

Please print, fill out and email back

Email: csheffler@gammatechind.com

Phone: 281.461.7200