



Priority Status:
Standard (end of next day) <input type="checkbox"/>
Priority(Same Day) <input type="checkbox"/>
Blasting or no blasting ?

**Include pictures/drawings/SDS when available*

ENGINEERING ASSESSMENT FORM

Worst case will be assumed for any field to ensure adequate engineering and safety

Asset Owner:	Contractor:	Names of Asset/ Line ID
City: State:	City: State:	<input type="checkbox"/> Tank Dimensions ____ X ____
Contact:	Contact:	<input type="checkbox"/> Process Piping
Phone#	Phone#	<input type="checkbox"/> Pipeline
Email :	Email:	

Repair Type		Sketch
Type A - Non Leaking <input type="checkbox"/>	Active leak at install ?	
	Stop Gap dimensions ?	
Type B - Leaking <input type="checkbox"/>	_____ X _____	
Type of Defect		
	Circular <input type="checkbox"/>	
	Wide Slot <input type="checkbox"/>	
	Large Slot <input type="checkbox"/>	

Corrosion Details	
Internal <input type="checkbox"/>	Steel Grade:
External <input type="checkbox"/>	Design Pressure:
Original Wall thickness:	
Remaining Wall Thickness:	
Operating Temp:	C or F :
Design Temp:	C or F :
Design PSI:	Straight: <input type="checkbox"/> Elbow: <input type="checkbox"/>
Defect area:	Tee: <input type="checkbox"/>
	OD of Branch:
Design Life:	Location of defect:

Chemical Specifics	
Temp ?	Name of Chemical/process fluid ?
SDS Available ?	Chemical %
PH of process ?	Any swings in temp ?

NOTES:

(confined space, height off ground, pipe clarence, drift zone, distance from road, extreme temperatures in close proximity)

Signature: _____	Date: _____
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