

REPAIR QUESTIONNAIRE

COMPANY INFORMATION

COMPANY NAME: _____ DATE: _____

ADDRESS: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

PROJECT NUMBER: _____ AFE / PO NUMBER: _____

LOCATION INFORMATION

LINE (NAME / NUMBER): _____ COUNTY / PARISH: _____ STATE: _____

LOCATION: _____ STATION NO.: _____ MILE POST: _____

DIG NUMBER: _____ GEOGRAPHICAL COORDINATES (LAT / LONG) : _____

PIPE SPECIFICATIONS

PIPE DIAMETER: _____ NOMINAL WALL THICKNESS: _____ GRADE (SMYS): _____

PIPE COATING: _____ PRODUCT TYPE (CRUDE, GAS, ETC.): _____

MAOP / MOP: _____ CLASS / DESIGN FACTOR: _____ INSTALLATION PSIG: _____

PIPE TEMPERATURE: _____ PIPE LOCATION (BURIED/ABOVE GROUND): _____

AMBIENT TEMPATURE: _____ STRAIGHT/BEND: _____ HORIZONTAL/VERTICAL: _____

DEFECT INFORMATION

DEFECT I.D. NUMBER: _____ LENGTH: _____ WIDTH: _____ DEPTH: _____

DEFECT TYPE (CORROSION, DENT, GOUGE, OTHER): _____ CLOCK LOCATION: _____

TYPE INSPECTION (PIT GAGE, ULTRASONIC, X-RAY): _____ DIST FROM WELD: _____

DEFECT GEOMETRY (1.0 = FLAT BOTTOM, .85 = MODIFIED RSTRENG, .67 = PARABOLIC): _____

PRODUCT IDENTIFICATION

SLEEVE SIZE: _____ BATCH NUMBER: _____ PART NUMBER: _____

ADHESIVE PART A (BLUE) PART NO.: _____ LOT NUMBER: _____ DATE: _____

ADHESIVE PART B (YELLOW) PART NO.: _____ LOT NUMBER: _____ DATE: _____

FILLER PART A (WHITE) PART NO.: _____ BATCH NUMBER: _____ DATE: _____

FILLER PART B (BLACK) PART NO.: _____ BATCH NUMBER: _____ DATE: _____

THE ABOVE INFORMATION IS USED FOR REPAIR ANALYSIS USING THE WRAPMAX SOFTWARE PROGRAM. COMPLETE ONE FORM FOR EACH PERMAWRAP REPAIR SLEEVE APPLIED, ATTACH ANY PHOTOGRAPHS AND FAX OR EMAIL TO WRAPMASTER INC. AT (903) 643-8181 FOR ANALYSIS.