



## Tubular Job Information Form

<b>Client Information</b>				<b>Date:</b>					
Plant Name:				Equipment No:					
Client Contact:				Equipment Name:					
Field Contact:				Start Date and Time:					
Phone No.:				Length of Job:					
Fax No.:				FGG Job No.:					
<b><u>Please fill out this portion before proceeding:</u></b>									
<b>Job Contact:</b>						<b>PH #:</b>			
<b>Billing address:</b>					<b>P.O. No.:</b>				
<b>Additional billing information:</b>									
<b>Tube Information</b>									
<b>Type of Inspection:</b>		Eddy Current <input type="checkbox"/> RFT <input type="checkbox"/> IRIS9000 <input type="checkbox"/> Video Scope <input type="checkbox"/> Surface Scan <input type="checkbox"/>							
<b>Cleanliness:</b>		Hydro Blast <input type="checkbox"/>		Pressure:		Sandblast <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Tube Type:</b>		Straight <input type="checkbox"/> Finned <input type="checkbox"/> U-Tube <input type="checkbox"/> Hairpin <input type="checkbox"/> Low Fin <input type="checkbox"/>							
<b>Access:</b>		Confined Space <input type="checkbox"/> Elevated <input type="checkbox"/> Bundle Pad <input type="checkbox"/> Shop <input type="checkbox"/> Other:							
<b>Total Tubes:</b>					Double amount for U-bend		Drawing Available <input type="checkbox"/>		
<b>Number to Inspect:</b>		Percentage		Total		110 Power Available <input type="checkbox"/> Generator Needed <input type="checkbox"/>			
<b>Material Spec:</b>					Cal standard available <input type="checkbox"/>		Cal standard ordered <input type="checkbox"/>		
<b>Tube Information:</b>		OD		MM <input type="checkbox"/> Inch <input type="checkbox"/>		ID		MM <input type="checkbox"/> Inch <input type="checkbox"/> BWG:	
<b>Bundle Orientation:</b>		Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/>		Tube length:					
<b>Multiple Bundles:</b>		Attached Information / U1 Form / Tube sheet Drawing							
<b>Previous Inspection:</b>		Report available <input type="checkbox"/>		Bundle History <input type="checkbox"/>		Leaking Tubes			
<b>Additional Information</b>									
<b>Client Specific:</b>		Reports onsite <input type="checkbox"/> # of Copies		CD <input type="checkbox"/> DVD <input type="checkbox"/>		Office Space Available <input type="checkbox"/>			
<b>Safety certifications Required:</b> H2S <input type="checkbox"/> First Aid <input type="checkbox"/> CSTS <input type="checkbox"/> Site Orientation <input type="checkbox"/> Other:									
<b>Notes:</b>									
<b>Equipment Limitations</b>									
<b>Omni 200:</b> Operating Temperature -10° & + 35°C, constant power supply.									
<b>IRIS9000:</b> Operating Temperature 0° & + 35°C, 40psi water pressure at 1° & + 50°C, constant power supply.									
<b>Video Scope:</b> Operating Temperature -10° & + 35°C, constant power supply.									
<b>Note: None of the equipment used is intrinsically safe.</b>									