



PreSurvey Form

Brief set of directions for using the PreSurvey Form ~ You may navigate through the document by one of three ways: 1) using the arrow keys, 2) using the tab key, or 3) using your mouse. By using the arrow keys or the tab key, you will be able to navigate from one field to the next and so on. Some of the fields require being typed in while others provide a drop-down list to choose from.

Company:

Division:

Address:

Contact Name:

Email:

Office Phone:

Fax Number:

Cell Phone:

Pipeline System Name:

Customers are requested to complete a PreSurvey Form for each pipeline section to be surveyed.

TYPE OF SURVEY:

<input type="checkbox"/> AGM Site Documentation – determination & GPS collection of AGM locations
<input type="checkbox"/> Enduro Caliper DdL™ Survey – Geometry/Bend/Weld Logging
<input type="checkbox"/> Enduro MFL DfL™ COMBO Survey, MFL Axial Field – Metal Loss/Geometry/Bend
<input type="checkbox"/> GPS Mapping; providing GPS coordinates for all logged events
<input type="checkbox"/> Pig based GIS As-Built Mapping (Alignment Sheets)
<input type="checkbox"/> If yes, do you have ortho-photo backgrounds that may be used?
<input type="checkbox"/> Tracking – Cleaning Pigs
<input type="checkbox"/> Tracking – Caliper DdL™ Survey
<input type="checkbox"/> Tracking – MFL DfL™ COMBO Survey

PIPELINE SECTION:

1 st Diameter:	2 nd Diameter, if dual diameter:
Length:	Length:
<i>Additional Comments:</i>	

PIPELINE LOCATION:

<u>Launcher</u>		<u>Receiver</u>	
City		City	
County		County	
State/Province		State/Province	
Country		Country	

PRODUCT:

In Service:		Known Previous Products:		
During Survey:	Speed:	Operating Pressure:	Temp:	
Paraffin %:	BS&W %:	H ₂ S %:	H ₂ O %:	CO ₂ %:
<i>Are there any PCB contaminates or other Safety and Environmental concerns related to this pipeline and/or product? (please describe)</i>				

CLEANING MAINTENANCE:

Pig Type:	Debris Removed:
Frequency:	Typical Amount of Debris Removed:
Amount of Cup Wear:	Date of Last Cleaning Pig Run:
<i>Has any chemical cleaning been performed on this pipeline?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the date and the procedures utilized during the chemical cleaning process:	

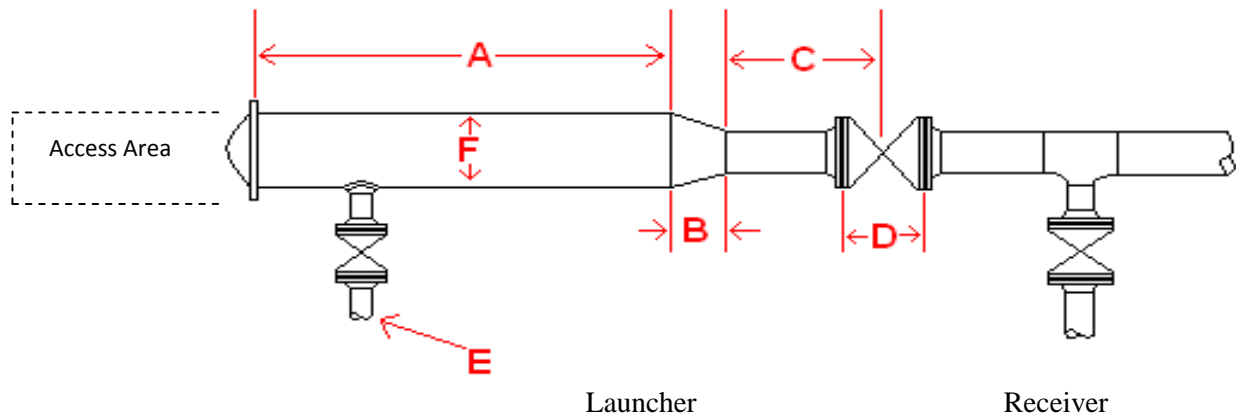
PIPELINE HISTORY:

Year of Construction:		
Most recent survey type/date:	Caliper Pigging	Corrosion Pigging
Has the pipeline(s) experienced long seam problems in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

PIPELINE WALL THICKNESSES AND PIPE GRADE:

Wall Thickness	Length	MAOP (MOP)	SMYS	Pipe Type	Pipe Grade
Is the pipeline internally coated? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Comments:					

LAUNCH & RECEIVE TRAP DETAILS:



Length of Oversize (A)		
Type/Length of Reducer (B)		
Length of Nominal Pipe (C)		
Length of Trap Valve (D)		
O.D. of Kicker/Bypass (E)		
O.D. of Oversize (F)		
I.D. of Oversize (F)		
Access Area (L x W)		
Height (ground to bottom of pipe)		
Hoist Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MAINLINE VALVES – BLOCK, GATE, BALL, ETC.:

Type	Quantity	Manufacturer	Model No.	Min. I.D.	Bowl Length
<i>Additional Comments:</i>					
<p style="text-align: center;">Does the pipeline contain Orbit Valves or Plug Valves? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If yes, a spec. sheet for each valve will be required.</p>					

CHECK VALVES:

Type	Quantity	Manufacturer	Model No.	Min. I.D.	Bowl Length
<i>Additional Comments:</i>					
<p style="text-align: center;">Can the Check Valve(s) be pinned open during the survey? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					

BENDS:

Quantity	Min. Radius	Min. I.D.	Comments
<i>Additional Comments:</i>			

TEES AND BRANCHES:

Type	Quantity	Outside Diameter	O'clock Position	Pig Bars	Comments
<i>Additional Comments:</i>					
All flow tees should be closed during the survey.					

PIPELINE REPAIRS and/or IRREGULARITIES:

<input type="checkbox"/> Thread and Collar Couplings	<input type="checkbox"/> Bell and Spigot Couplings	<input type="checkbox"/> Drips
<input type="checkbox"/> Concrete Saddle Weights	<input type="checkbox"/> Sleeves	<input type="checkbox"/> Puddle Welds
<input type="checkbox"/> Chill Rings	<input type="checkbox"/> Dresser Couplings	<input type="checkbox"/> Internal Probes
<input type="checkbox"/> Half Soles	<input type="checkbox"/> Clamps	<input type="checkbox"/> Full Wrap
<input type="checkbox"/> Hot Taps	<input type="checkbox"/> Miter Bends	<input type="checkbox"/> Cathodic Protection
<input type="checkbox"/> Concrete Coating	<input type="checkbox"/> Mueller Fittings	<input type="checkbox"/> Stople Fittings
<input type="checkbox"/> Acetylene Welds	<input type="checkbox"/> Hydro-couples	
Other (please describe)		

R.O.W. TERRAIN AND LAND:

<input type="checkbox"/> Onshore	<input type="checkbox"/> Offshore	<input type="checkbox"/> Swamp	<input type="checkbox"/> Flat
<input type="checkbox"/> Mountainous	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Agriculture

CLASS LOCATIONS: *if there are more locations than the provided space below, please provide on a separate document.*

From (Station)	To (Station)	Class	Safety Factor

CORROSION TOOL VENDOR AND SPECIFICATIONS OF THE CORROSION TOOL TO BE USED: *this information is required for Enduro to provide a Caliper "Field Report".*

Corrosion Tool Vendor	
Minimum I.D. in Straight Line Pipe	
Minimum I.D. through a Line Valve/Fitting	
Minimum I.D. through a Bend	
Minimum Bend Radius Required	

PRESSURE CALCULATIONS:

Select the following:	<input type="checkbox"/> B31G	<input type="checkbox"/> Modified B31G
<u><i>Specify the following:</i></u>		
Operating Pressure:		MAOP/MOP:
Specified Minimum Yield Strength:		Design Pressure:
<i>The pipe grade data is used to determine the Burst Pressures and P-Safe Values. If the pipe grade data is not supplied, all calculations will be run with a 0.72 Safety Factor/Density Class 1.</i>		

RULES OF INTERACTION:

<u><i>Select one of the following:</i></u>			
Axial Spacing:	<input type="checkbox"/>	if space is less than or equal to	inch
	<input type="checkbox"/>	if space is less than or equal to	times wall thickness
Circumferential Spacing:	<input type="checkbox"/>	if space is less than or equal to	inch
	<input type="checkbox"/>	if space is less than or equal to	times wall thickness

CUSTOMER REQUIREMENTS OR ADDITIONAL COMMENTS:

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CONTACT LIST FOR PROJECT:

Name	Title	Phone	Cell

ADDRESS AND/OR DIRECTIONS TO LAUNCHER AND/OR RECEIVER:

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CONTACT INFORMATION FOR INVOICING:

Address:
Contact Name & Number:

CONTACT INFORMATION FOR FINAL REPORTS:

Address:
Contact Name & Number: