**REQUEST FOR ACOUSTIC EMISSION TESTING SERVICES**

**STORAGE TANK**

It is mandatory that the below mentioned fields to be completed prior to your company obtaining a quotation for the requested service.

Please complete and send it back to: **teta.irnd@gmail.com**

|  |  |
| --- | --- |
| **Client** |  |
| **Contact name** |  |
| **Location** |  |
| **Telephone no** |  |
| **Cell Phone no** |  |
| **Fax no** |  |
| **mail** |  |

|  |  |
| --- | --- |
| Tank no: | Tank size |
| Year built: | Diameter (m): | Height (m): |
| Nominal contents |  |
| Years with this product |  |
| Base / Bottom | Double  | Welded  | Riveted  |
| Roof type | Fixed  | Floating  | Dome  |
| Insulation | Yes  | No  | Type: |
| Internal lining / coating | Yes  | No  |
| Is there presence of water | Yes  | No  | Level(m) |
| Density of product |  |
| Viscosity of product |  |
| Gas blanket | Yes  | No  |
| **Purpose of AET:**Leak detection Yes No Predictive maintenance Yes No  |
| Is leak apparent | Yes  | No  |
| Is leak suspected | Yes  | No  |
| Cathodic protection type | Electrical  | Sacrificial  | Inside/outside  |
| Columns | Number: | Location: |
| Steam tracing |  |
| Internal sump |  |
| Floor type: | Cone up  | Cone down  | Flat  |
| Temperature | Operating (ºc): | Test (ºc): |
| Sludge / silt level: | Yes  | No  | Level(m): |

|  |  |  |
| --- | --- | --- |
| Internal pipework | Yes  | No  |
| Mixers | Yes  | No  |
| Heaters | Yes  | No  |
| Highest level filled in the last 12 months (m) |  |
| Results of last inspected |  |
| Repair dates |  |
| Notes and background |  |
| Tank drawing supplied |  |

Completed by:

Signature:

Date :