**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 :