**REQUEST FOR ACOUSTIC EMISSION TESTING SERVICES**

**PRESSURE VESSELS**

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** |  |

**Is the pressure vessel fitted with a nameplate? If yes, kindly fill out the table below as applicable:**

|  |  |
| --- | --- |
| **Name of Manufacturer** |  |
| **Country of Origin** |  |
| **Year of Manufacture** |  |
| **Manufacturer’s Serial Number** |  |
| **Reference Number, Date and Edition of Health and Safety Standard** |  |
| **Design Pressure (bar)** |  |
| **Design Temperature for Both Minimum and Maximum (Degrees Celsius)** |  |
| **Capacity (Cubic meters)** |  |
| **Unique Mark of AIA** |  |
| **Hazard Category** |  |

PRELIMINARY INFORMATION:

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| **A)Please state the type of equipment or structure, specifications and product: (Please tick the correct items)****Horizontal vessel LPG Ammonia** **Vertical vessel Compressed air Butane** **Spherical vessel Hydrogen Nitrogen****Tube trailer Sulphur Other****Other type, Please specify: Please specify:** |

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| **B) Please state test medium to be employed:****Product Compressed air Hydraulic/pneumatic****Water Nitrogen Other** **Please specify:** |

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| **C) Are there assembly and/or layout drawings with sufficient details of the structure?** |

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| **D) Please state the material specifications, including heat treatment; if applicable:** |

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| **E) Please state or provide the settings of the current safety relief valves:** |

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| **F) Please state where possible, locations of known discontinuities and the general results of prior NDT:** |

**NOTES**:

Kindly send photos of your equipment if possible.

Completed by:

Signature:

Date :