|  |  |
| --- | --- |
| **Type of inspection required** |  |
| Gauging |  | MFL inspection |  |
| Cleaning |  | TFI inspection |  |
| Geometry Inspection |  | UTWM inspection |  |
| XYZ mapping |  | UTCD inspection |  |

|  |  |  |
| --- | --- | --- |
| **General information** |  |  |
| Pipeline name: |  |  |
| Section name: |  |  |
| Pipeline OD: |  | mm |
| Dual diameter segments available: |  | yes/no |
| Pipeline length: |  | km |
| Location: |  |  |
| Pipeline operator: |  |  |
| Address: |  |  |
| Phone: |  |  |
| Contract name: |  |  |
| phone: / e-mail: |  |  |
| Tentative inspection schedule: |  |  |

|  |  |  |
| --- | --- | --- |
| **Pipeline name** |  |  |
| Year of construction: |  |  |
| Maximum operating pressure: |  | Bar |
| Design pressure: |  | Bar |
|  |  |  |
| Transported product: |  |  |
| Gas factor if product is multiphase  |  | m3/t |
| Transported product during the inspection: |  |  |
| H2S content: |  | ppm |
| Wax content: |  | % |
| Other, specify: |  | % |
|  |  |  |
| Pressure during the inspection, launch/receive: | / | Bar. |
| Flow speed during the inspection, launch/receive: | / | m/s |
| Flow rate during the inspection: |  |  |
| Incoming/outgoing side flows: |  | yes/no |
| Possibility to shut down side flow during the run: |  | yes/no |
| Constant flow speed during the run: |  | yes/no |
| Temperature during the run, launch/receive: | / | °С |
|  |  |  |
| Minimum bend radius: |  | DN |
| Maximum angle corresponding to the radius: |  | degree |
| Maximum wall thickness: |  | mm |
| Minimum wall thickness: |  | mm |
| Maximum internal diameter: |  | mm |
| on which pipeline fitting: |  |  |
| Minimum internal diameter: |  | mm |
| on which pipeline fitting: |  |  |
| Dual diameter or heavy wall segments available: |  | yes/no |
| If yes pls provide details : |  |  |
| Chill rings: |  | yes/no |
| Internal coating: |  | yes/no |
| Mitre bends: |  | yes/no |
| Unbarred 6 o’clock tees: |  | yes/no |
| Wyes (Y tees): |  | yes/no |
| Check valves: |  | yes/no |

|  |  |  |
| --- | --- | --- |
| Pipeline cleaning frequency: |  |  |
| Type of cleaning pigs used: |  |  |
| Type and quantity of received debris: |  |  |
| Type and last date of inspections, which ILI vendors: |  |  |
| Pig or tool damages: |  | yes/no |
| Please specify |  |  |

**Wall thickness distribution**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | OD, mm | Wall thickness, mm | Section start,m | Section finish,m | Pipe grade | Pipe manufacturer | SMYS (Specified Minimum Yield Strength),kg/mm2 | UTS (Ultimate Tensile Strength),kg/mm2 | Design factor | Pipe type (seam welded, spiral welded, seamless) | Min bend radius,DN | Internal coating |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |
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\* if not specified 0,72 shall be used by default

**Ball, Gate, Check Valves**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Type  | Quantity/Location, km | Manufacturer | Length,mm | Minimum internal diameter,mm | For gate valves please specify the length of axial void,mm |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Offtakes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Type | Quantity/Location, km | Bend radius,DN | Bend angle,degrees | Minimum internal diameter,mm | Length of minimum pipe between offtakes,mm |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Tees, fittings, hot taps**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Type | Quantity/Location, km | O’clock position,degrees | OD,mm | Minimum internal diameter,mm | Barred,yes/no | Height of protruding part,mm |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Benchmark data**

|  |  |  |
| --- | --- | --- |
| Pipeline burial depth: |  | m |
| Marker locations marked on pipeline route: |  | yes/no |
| List of valves, tees, fittings available  |  | yes/no |
| List of road/railroad crossings available  |  | yes/no |
| List of river crossings: |  | yes/no |
| Marker locations accessible, including access under adverse conditions  |  | yes/no |

**Launch/Receive traps**



|  |  |  |  |
| --- | --- | --- | --- |
|  | **Launch** | **Receive** |  |
| Location: |  |  |  |
| Trap orientation: |  |  | horizontal/vertical |
| **А**, Barrel length: |  |  | mm |
| **D**, barrel OD: |  |  | mm |
| Barrel wall thickness: |  |  | mm |
| **В**, reducer to valve length: |  |  | mm |
| Reducer to valve wall thickness: |  |  | mm |
| **С**, reducer length: |  |  | mm |
| Type of reducer: |  |  | concentric/eccentric |
| **d**, bypass line diameter: |  |  | мм |
| **G**, closure to bypass line: |  |  | mm |
| **Е**, Work space width: |  |  | m |
| **F**, Work space length: |  |  | m |
| Lorry access: |  |  | yes/no |
| Type of launching: |  |  | push/pull |
| Launching device available: |  |  | yes/no |
| Internal tray, tray stopper available: |  |  | yes/no |

|  |
| --- |
| **Additional information:** |
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**Equipment and crew site conditions**

|  |  |
| --- | --- |
| Site for crew mobilization: |  |
| Crew housing available (paid by crew): |  |
| Crew transport from site to base camp: |  |
| Covered workshop available. Please confirm the type of workshop, work space area: |  |
| Hoist available, please specify the capacity: |  |
| 200V electricity available with earthing: |  |
| Temperature inside workshop (min, max): |  |
| Office area available for computer equipment with 220V mains, lighting and office furniture, type of office: |  |

|  |  |
| --- | --- |
| Lifting equipment on work and launch/receive site available: |  |
| Lighting available at launch/receive sites: |  |
| 220V mains available at launch/receive sites: |  |
| How will the tools be retrieved from the trap onto the tray? |  |
| How will the inspection tools be transported: |  |
| Equipment transportation from base camp to launch site, from receive site to base camp and between pipeline sections: |  |

|  |  |
| --- | --- |
| Phone connection between tool tracking crew and control room during tool run: |  |
| Landline phone connection, please specify the location: |  |
| Internet access onsite (Е-mail, Internet), please specify the location: |  |
| Medicare available onsite: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questionnaire completed by:** |  |  |  |  |  |  |
|  |  | Date |  | Signature |  | Name |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | Position |