

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: ns@se59.net

Client:	
Contact name:	
Location:	
Telephone no:	
Cell no:	
Fax no:	
E-mail:	

1. Please state type of AIA appointed:

RBI AIA

Manufacturing AIA

In-service AIA

* Dispensation letter required, if RBI AIA is appointed

2. 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 (Pascal)	
Design Temperature for Both Minimum and Maximum (Degrees Celsius)	
Capacity (Cubic metres)	
Unique Mark of AIA	
Hazard Category	



A) Please state the type of equipment or structure, specifications and product: (Please tick the correct items)

- Horizontal vessel
- Vertical vessel
- Spherical vessel
- Tube trailer
- Other type

Please specify: _____

- LPG
- Ammonia
- Compressed air
- Butane
- Hydrogen
- Nitrogen
- Sulphur
- Other

Please specify: _____

B) Please state test medium to be employed:

- Product
- Compressed air
- Hydraulic/pneumatic
- Water
- Nitrogen
- Other

Please specify: _____

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

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

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

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: _____