L3G Hot tappen en stoppelen, bijlage 1:

HOT TAPPING REQUEST FORM

HOT TAP REQUEST FOR EQUIPMENT IN SERVICE (Page 1 of 2)

Note: A separate request is required for each individual hot tap.

From (Initiator) ____________________________________ Department ____________________

To: Production Leader, Maintenance Leader, EH&S Delivery Leader, PSTL, Engineering rep. (All Hot Taps)

Technology Center Director / Designee, Site RCL, BML (Higher Hazard Hot Taps)

The following hot tap is proposed for your approval on piping, vessels, tanks, etc., in service in your area, or in an area affecting your operations:

Unit or Area ____________________________________________ Location: ____________________________

____________________________________________________________________________________

____________________________________________________________________________________

Project Description (include type of material/product inside line or equipment):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Alternate solutions considered

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

TYPE OF PROPOSED INSTALLATION

HEADER OR VESSEL INFORMATION
LINE SIZE (cm or in.) ______________ METALLURGY __________________________
OPERATING PRESSURE ______ TEMPERATURE ______________
PROCESS DESCRIPTION ________________________________

BRANCH CONNECTION INFORMATION
LINE SIZE (cm or in.) ______________ FLANGE RATING ______ (Barg or Psig)
GASKET MATERIAL ______________ METALLURGY ______________

A location sketch of the proposed hot tap is recommended. The hot tap location must have scaffolding (where required for access), insulation must be removed and the equipment must be marked for the exact hot tap location prior to notifying Pressure Equipment Inspection.

Continued on next page
HOT TAP REQUEST FOR EQUIPMENT IN SERVICE (Page 2 of 2)

PRELIMINARY NONDESTRUCTIVE EXAMINATION OF HOT TAP LOCATION
To be filled out by the Qualified Inspector and the PCE or Piping Engineer

The proposed location of the hot tap must be examined within 28 days before performing the hot tap to determine the variation in thickness along the line of welding and to examine the pipe wall for laminar defects, transverse cracks, and internal pitting. The usual NDE techniques are a combination of radiography, shear-wave ultrasonics, magnetic particle or dye penetrant examination, and ultrasonic thickness. If the hot tap takes place more than 28 days after this preliminary NDE, the NDE should be repeated within 7 days before performing the hot tap.

WALL THICKNESS AT HOT TAP LOCATION: Minimum: _______ (cm or in.) Maximum: _______ (cm or in.)

DETERMINED by (NDT Technique): _________________________________. Attach copies of the NDE reports.

Date of testing: _______

Is there any additional NDE required before the hot tap, based on conditions revealed by these examinations?

__________________________________________________________

AREA INSPECTOR_____________________________________________DATE

PRESSURE EQUIPMENT ENGINEER_________________________________DATE

APPROVAL TO BEGIN DESIGN WORK ON THIS HOT TAP

Approved by ____________________________________________ Date__________
(Production Leader of equipment involved)

To ____________________________________________ Date__________
(Site Responsible Care Leader) (Higher Hazard Hot Taps)