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Dear Client,

As part of our on-going commitment to quality and guaranteed customer satisfaction, please provide all information relevant to your project as outlined below. In addition to assisting us to offer our best service and price, these details are required prior to commencement of services to enable us to attend to your needs in the most expedient manner.

JOB REQUEST FORM: Transmission Pipelines

REQUEST FOR QUOTATION [] REQUEST FOR INSPECTION [] DATE JOB REQUIRED TO BE PERFORMED

- 1. Your firm:
2. Phone:
3. Contact:
4. Mobile:
5. Location of job:
6. Fax:
7. Your ref / job no:
8. E-mail:
9. Description of job:

10. Service required (specify if other than below):

- Radiography: a) X-Radiography, b) Gamma-Radiography, Magnetic Particle Testing
Ultrasonic Testing: a) Mechanised UT (MUT), b) Manual UT, Liquid Penetrant Testing
Hydrostatic Testing: []
Visual Examination: []
Coating Inspection: []
Welding Inspection: []

Mechanical Testing (specify):

- 11. Construction spec:
12. Weld quality acc std:
13. Pipeline length:
14. Nominal bore:
15. Wall thickness:
16. Material spec:
17. Average pipe length:
18. Maximum string length:
19. Number of special crossings:
20. Percentage - NDT:
21. Maximum mainline production welds per day:
22. Weight coated/type:
23. Weight coat distance from joint:
24. Internal coat:
25. Location of / distance between camp(s):
26. Commence / complete date for mainline welding:
27. Completion date for tie-in or utilities welding:
28. Work cycle:
29. Number of working days per week:
30. Number of working hours per day:
31. Facilities and / or items provided by your principal or company: (mark as appropriate)

- 240V AC power at base camps: [] Potable water for Radiography / MUT
Accommodation and messing: [] i) at base camp: []
Fuel and routine service for vehicles: [] ii) on R.O.W.: []

R&R leave transport to and from:

Notes:

Submitted on behalf of Client by: Date:

Table with 4 columns: INTICO USE ONLY, Verified & Accepted by, Date, Corr. No.