



Contact Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Date: \_\_\_\_\_ Day shift    Night Shift    Around the Clock

Customer: \_\_\_\_\_ Location: \_\_\_\_\_

Unit/Equipment No.: \_\_\_\_\_

Customer's concern:    Speed    Thoroughness    Other? \_\_\_\_\_

**Description of Job:** \_\_\_\_\_

**Foulant:** \_\_\_\_\_

|                |              |            |
|----------------|--------------|------------|
| Heat Exchanger | Ground Level | Vertical   |
| Pipe           | Elevated     | Horizontal |
| Other:         |              |            |

Straight  
 Looped  
 U-shaped  
 90° turns    Amount: \_\_\_\_\_  
 Age/condition: \_\_\_\_\_  
 # of tubes to clear: \_\_\_\_\_  
 OD: \_\_\_\_\_  
 ID: \_\_\_\_\_  
 Wall: \_\_\_\_\_  
 Schedule: \_\_\_\_\_  
 Gauge: \_\_\_\_\_  
 Length: \_\_\_\_\_  
 Tube material: \_\_\_\_\_  
 Channel head? Depth: \_\_\_\_\_  
 Baffles? Description: \_\_\_\_\_  
 Tube ends: \_\_\_\_\_  
 Tube sheet diameter: \_\_\_\_\_

In line flanges? Amount: \_\_\_\_\_  
 Gasket type: \_\_\_\_\_  
 In-line welds?  
 Is line jacketed?  
 Entry into pipe:  
     Flange  
     Thread  
     Other: \_\_\_\_\_

Are drawings available?

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
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