

Date: _____

Project description

COMPANY NAME :

ADDRESS :

Contact person:

Position:

Location:

Vessel

Dimensions:

Internal lining (Max. Temp. rating):

Metallurgy:

Diagram:

Volume or dimensions of deposits:

Location of deposits

Sample of deposit

Lab analysis (attach results)

Product recommendations

Last cleaning

Product used (by whom?)

Results

When is the job to be conducted: _____

How do you propose to clean the vessel

By who ?

Accessibility:

Obstructions:

Are engineering drawings available

YES

NO

Can we have a copy?

YES

NO

Entrance point

Add entrance points to vessel diagram above

Is a degassing required for vessel entry

YES

NO

Acceptable gas levels

LEL

H₂S

CO

Benz

Others

Waste disposal site



Vessel Unit Cleaning Survey

Notes
