

Dengan hormat,

Telah dilakukan OSI pada tanggal 2024-12-26 pada peralatan 20HC31312LKJ dengan hasil sebagai berikut:

A. Hasil Pemeriksaan

- 1.sadasd
- 2.dasas
- 3.asda

B. Rekomendasi

- 1.sdasd
- 2.dasdas
- 3.asda
- 4.sadas

Informasi Tambahan:

Next Inspection: 2025-12-26

Area: HSC

Remark: segera lakukan perbaikan secepat mungkin

Berdasarkan pemeriksaan tersebut, kondisi peralatan 20HC31312LKJ memiliki status Good. Dan peralatan dapat digunakan sebagaimana mestinya.

Hormat kami,

SSIE

On Stream Inspection Checklist for Piping Systems

1. IDENTIFICATION				
Piping Area	:			
Piping Line Number	:			
Service Fluida	:			
Inspection Date	:			
Inspected By	:		Sign	
Comments:				
2. FIELD IDENTIFICATION	Yes	No	Location / Comment	
Is piping labeled/tagged w/Equipment ID#?	<input type="checkbox"/>	<input type="checkbox"/>		
3. LEAKS	Yes	No	Location / Comment	
Any leaks from the process?	<input type="checkbox"/>	<input type="checkbox"/>		
Any leaks from steam tracing?	<input type="checkbox"/>	<input type="checkbox"/>		
Are any valves leaking?	<input type="checkbox"/>	<input type="checkbox"/>		
Any leaks at leak repair clamps?	<input type="checkbox"/>	<input type="checkbox"/>		
Any evidence of past leaks?	<input type="checkbox"/>	<input type="checkbox"/>		
4. PIPE SUPPORT	Yes	No	Location / Comment	
Any shoes off their supports?	<input type="checkbox"/>	<input type="checkbox"/>		
Any hangers missing or damaged?	<input type="checkbox"/>	<input type="checkbox"/>		
Any spring hangers bottomed-out?	<input type="checkbox"/>	<input type="checkbox"/>		
Any problems with support braces?	<input type="checkbox"/>	<input type="checkbox"/>		
*Any corrosion of supports?	<input type="checkbox"/>	<input type="checkbox"/>		
Any loose or broken brackets/bolt?	<input type="checkbox"/>	<input type="checkbox"/>		
Any non-standard of bolting size and length	<input type="checkbox"/>	<input type="checkbox"/>		
5. VIBRATION	Yes	No	Location / Comment	
Any significant vibration observed?	<input type="checkbox"/>	<input type="checkbox"/>		
Any evidence of excessive movement?	<input type="checkbox"/>	<input type="checkbox"/>		
Any pipe distortion observed?	<input type="checkbox"/>	<input type="checkbox"/>		
6. INSULATION **	Yes	No	Location / Comment	
Any physical damage or penetration?	<input type="checkbox"/>	<input type="checkbox"/>		
Any deterioration/damage of weather seals?	<input type="checkbox"/>	<input type="checkbox"/>		
Any bulging or wet insulation?	<input type="checkbox"/>	<input type="checkbox"/>		
Any discoloration indicating leakage?	<input type="checkbox"/>	<input type="checkbox"/>		
Any retaining bands missing/broken?	<input type="checkbox"/>	<input type="checkbox"/>		
Any missing jackets, caps, plugs, or insulation?	<input type="checkbox"/>	<input type="checkbox"/>		
7. CORROSION *	Severe	Mild	No	Location / Comment
Any corrosion at support points or fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any coating or paint deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any areas with scale, pits, or rust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any corrosion between flanges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any significant corrosion of flange bolts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: Send completed form (include pic, excel, dwg) to the Inspector area who updates GEMTS/Maintenance records and then sends the form to MPSRU2 local file Administrator. This form shall be permanently filed in the Mechanical Integrity Equipment File.

* For assistance in determining degree of severity call NDE // ** For assistance in determining the extent of damage call Technical Resources



terdapat Perbaikan yang wajib dilakukan pada reboiler ini



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