

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