

Dengan hormat,

Telah dilakukan OSI pada tanggal 2024-12-28 pada peralatan 110H7 dengan hasil sebagai berikut:

A. Hasil Pemeriksaan

fdsfs
fdds
fds
fsd

B. Rekomendasi

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fsd
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fds

Informasi Tambahan:

Next Inspection: 2025-12-28

Area: UTL

Remark:

Berdasarkan pemeriksaan tersebut, kondisi peralatan 110H7 memiliki status Warning. Dan peralatan memerlukan perbaikan segera sesuai rekomendasi.

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



ASDSA