
L3G Hot tappen en stoppelen, bijlage 1:

HOT TAPPING REQUEST FORM

HOT TAP REQUEST FOR EQUIPMENT IN SERVICE (Page 1 of 2)

Note: A separate request is required for each individual hot tap.

From (Initiator) _____ Department _____

To: Production Leader, Maintenance Leader, EH&S Delivery Leader, PSTL, Engineering rep. (All Hot Taps)

Technology Center Director / Designee, Site RCL, BML (Higher Hazard Hot Taps)

The following hot tap is proposed for your approval on piping, vessels, tanks, etc., in service in your area, or in an area affecting your operations:

Unit or Area _____

Location: _____

Project Description (include type of material/product inside line or equipment)::

Alternate solutions considered

TYPE OF PROPOSED INSTALLATION

HEADER OR VESSEL INFORMATION

LINE SIZE (cm or in.) _____ METALLURGY _____

OPERATING PRESSURE _____ TEMPERATURE _____

PROCESS DESCRIPTION _____

BRANCH CONNECTION INFORMATION

LINE SIZE (cm or in.) _____ FLANGE RATING _____ (Barg or Psig)

GASKET MATERIAL _____ METALLURGY _____

A location sketch of the proposed hot tap is recommended. The hot tap location must have scaffolding (where required for access), insulation must be removed and the equipment must be marked for the exact hot tap location prior to notifying Pressure Equipment Inspection.

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HOT TAP REQUEST FOR EQUIPMENT IN SERVICE (Page 2 of 2)

PRELIMINARY NONDESTRUCTIVE EXAMINATION OF HOT TAP LOCATION

To be filled out by the Qualified Inspector and the PCE or Piping Engineer

The proposed location of the hot tap must be examined within 28 days before performing the hot tap to determine the variation in thickness along the line of welding and to examine the pipe wall for laminar defects, transverse cracks, and internal pitting. The usual NDE techniques are a combination of radiography, shear-wave ultrasonics, magnetic particle or dye penetrant examination, and ultrasonic thickness. If the hot tap takes place more than 28 days after this preliminary NDE, the NDE should be repeated within 7 days before performing the hot tap.

WALL THICKNESS AT HOT TAP LOCATION: Minimum: _____ (cm or in.) Maximum: _____ (cm or in.)

DETERMINED by (NDT Technique): _____. *Attach copies of the NDE reports.*

Date of testing: _____

Is there any additional NDE required before the hot tap, based on conditions revealed by these examinations?

AREA INSPECTOR _____ DATE _____

PRESSURE EQUIPMENT ENGINEER _____ DATE _____

APPROVAL TO BEGIN DESIGN WORK ON THIS HOT TAP

Approved by _____ Date _____

(Production Leader of equipment involved)

To _____ Date _____

(Site Responsible Care Leader) (Higher Hazard Hot Taps)