

COMPANY: _____

LOCATION: _____

CONTACT NO: _____

PLANT NO: _____

Survey Document

Do your facilities;

Contain a LOSP treatment plant

Please tick

Contain a CCA treatment plant

Contain a ACQ/CuAz plant

PRESSURE VESSELS

	Waterborne	Solvent borne
How many pressure vessels does your facility have?	<i>N^o</i>	<i>N^o</i>
What size is your vessel/s?	<i>ft³/m³</i>	<i>ft³/m³</i>
What capacity?	a) b) litres	a) b) litres
Is your vessel being certified annually at present? i.e. by M&I or other organisation.	Yes No	Yes No
If so by whom?		
Do you have original design specifications for your pressure vessel?	Yes No	Yes No
What is your operating pressure?	<i>psi/kpa</i>	<i>psi/kpa</i>
Do you have a boiler system?	Yes	No
Would you require and use a service for OSH & HSNO tank certification provided by the TPC?	Yes No	Yes No

STATIONARY BULK CONTAINERS

Waterborne

How many concentrate tanks do you have?

What capacity?

1. _____ litres

2. _____ litres

3. _____ litres

CCA

LOSP

How many working tanks do you have?

What capacity?

1. _____ litres

2. _____ litres

3. _____ litres

When were these tanks installed?

____ / ____ / ____ (date)

Do these tanks comply with any standard, if so which one? e.g. API650

Yes

No

Are these tanks contained within a bunded area?

What is the capacity of the bunded area?
i.e. 100%, 110%, 120%

NAME: _____

SIGNED: _____ DATE: _____