

Site Survey Pre-Proposal Questionnaire (SSPPQ) In-Service Robotic Tank Inspection

Tank Owner Information and Contacts Section

TANK OWNER INFORMATION:

| | | |
|-----------------------|------------------|-----------|
| Company name : | | |
| Plant/Facility name : | | |
| Street address : | | |
| City : | State/Province : | Zip code: |
| | | Country : |

CONTACT INFORMATION:

| | | |
|---|----------------|--------------|
| Main contact : | Office phone : | Cell phone : |
| Receives copy of Report? <input type="checkbox"/> Yes <input type="checkbox"/> No | E-mail : | Fax : |

| | | |
|---|----------------|--------------|
| Inspection Department contact: | Office phone : | Cell phone : |
| Receives copy of Report? <input type="checkbox"/> Yes <input type="checkbox"/> No | E-mail : | Fax : |

| | | |
|-----------------------------|----------------|--------------|
| Safety Department contact : | Office phone : | Cell phone : |
| | E-mail : | Fax : |

INVOICE INFORMATION:

| | | |
|-----------------------|------------------|-----------|
| Company name : | | |
| Plant/Facility name : | | |
| Contact Name : | | |
| Street address : | | |
| City : | State/Province : | Zip code: |
| | | Country : |

Tank Information:

| General Tank Description | | | | | | | | | |
|---|----------|--------------------------|--------------------------------------|--------------------------|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| Tank ID/Name: | | | Tank Age: | | | Tank Construction Material: | | | |
| Type of Inspection: Floor only <input type="checkbox"/> API 653 External <input type="checkbox"/> Vapor-Space Inspection <input type="checkbox"/> Cleaning Required? Yes <input type="checkbox"/> No <input type="checkbox"/> SRUT Inspection (Annular plate) <input type="checkbox"/> Shell & Roof UT Crawler inspection <input type="checkbox"/> | | | | | | | | | |
| Tank Diameter : <input type="checkbox"/> Feet <input type="checkbox"/> Meters | | | | | Tank Height : <input type="checkbox"/> Feet <input type="checkbox"/> Meters | | | | |
| Roof Condition: | | | | | Nitrogen Blanket required : Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Roof Type: | | | | | | | | | |
| | Fixed | <input type="checkbox"/> | EFR | <input type="checkbox"/> | IFR | <input type="checkbox"/> | | | |
| If Fixed, type? | Cone | <input type="checkbox"/> | Dome | <input type="checkbox"/> | Umbrella | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| If IFR, type? | Pontoon | <input type="checkbox"/> | Steel Pan | <input type="checkbox"/> | | | | | |
| If EFR, ladder present? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Tank Ladder: | | | | | | | | | |
| | Vertical | <input type="checkbox"/> | Circular | <input type="checkbox"/> | None | <input type="checkbox"/> | | | |
| Railing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Platform? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Tank Shell/Bottom: | | | | | | | | | |
| Double Shell? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Double Bottom? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If Yes, Specify: | | | | |
| | | | | | Year Installed? | | | | |
| Tank Lining? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If Yes, Specify: | | | | |
| | | | | | Year Installed? | | | | |
| Sloped Floor? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Cathodic Protection? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If Yes: | Internal | <input type="checkbox"/> | External | <input type="checkbox"/> |
| Is Tank Insulated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If Yes, Specify? | | | | |
| Are Heaters Present? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If Yes, Specify? | Bayonet | <input type="checkbox"/> | Coil | <input type="checkbox"/> |
| Tank Foundation/Containment: | | | | | | | | | |
| Tank Foundation? | Earth | <input type="checkbox"/> | If Yes, Specify Surface Preparation? | | | | | | |
| Concrete Ring Wall | | <input type="checkbox"/> | | | | | | | |
| Concrete Pad | | <input type="checkbox"/> | | | | | | | |
| Containment Dike? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If Yes, Specify: | | | | |
| Excessive Vegetation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Standing Water? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |

Product Information:

Product Name?

Attach MSDS

API Gravity?

Viscosity?

Temperature?

Flash Point?

Sludge Information:

Year last Cleaned?

Type of Sludge?

Estimated Sludge Height?

How was this determined?

Robot/Probe entry information:

Number of Roof Manways?

Roof Man-way Dimensions?

Roof Man-way Bolt Condition?

Pictures of the Roof/Tank Available?

Yes

☐

No

☐

If Yes, Attach:

Manway Restrictions (internal, i.e. ladder, drain)?

Product Height at Time of Inspection?

Safety Information:

Site Specific Training Required?

Yes

☐

No

☐

Can Training Be Performed on Site?

Yes

☐

No

☐

If No,
Where Would it Take Place?

Are Special Enclosures Required to Provide a Vapor Barrier in the Manway?

Yes

☐

No

☐

Is an Inert Blanket required in the Vapor Space?

Yes

☐

No

☐

Are there Site Specific Conditions Required?

Yes

☐

No

☐

If Yes, Specify:

Are there Site Specific Precautions?

Yes

☐

No

☐

If Yes, Specify:

Is Breathing Air Required?

Yes

☐

No

☐

Will Client Provide: Breathing Air?

Yes

☐

No

☐

Fire Extinguishers?

Yes

☐

No

☐

Gas Monitors?

Yes

☐

No

☐

Escape Packs?

Yes

☐

No

☐

| Site Information: | | | | | |
|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Permits: | | | | | |
| Work Permit Required? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Hot Work Permit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other? |
| Lock Out/Tag Out? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| TWIC? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Operational Constraints: | | | | | |
| Work Hours? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Explain? |
| Weather? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Explain? |
| Union Issues? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Explain? |
| Other? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Explain? |
| For 26' truck: | Road access? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Outside Berm Access? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Inside Berm Access? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Staging distance to Tank? | | | | |
| Crane: | Supplied by? | AYA Robotics | <input type="checkbox"/> | Customer | <input type="checkbox"/> |
| | Crane access? | | | | |
| Proximity to: | Waterway? | | Yards | | |
| | Groundwater? | | Yards | | |

| Scheduling and Reporting Information: | | | | | |
|---|---------|--------------------------|-----|--------------------------|-----------|
| Desired Inspection Dates: | Between | | And | | |
| Date and Results from Previous Inspection? Attach previous report | | | | | |
| One written report is standard. Are more reports required? | | | | | |
| | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | How many? |
| *Additional charges may apply based on contract. | | | | | |

| Regulations & Permitting: | | | | | |
|---|---------|--------------------------|-------|--------------------------|--|
| Why are you inspecting the tank? | | | | | |
| Desired inspection dates: | Between | | And | | |
| What jurisdiction do your tanks fall under? | API | <input type="checkbox"/> | State | <input type="checkbox"/> | |
| | EPA | <input type="checkbox"/> | DOE | <input type="checkbox"/> | |
| | FDA | <input type="checkbox"/> | DOD | <input type="checkbox"/> | |
| | DOT | <input type="checkbox"/> | Other | <input type="checkbox"/> | |

Country or State tank regulations? (if any)

Company tank regulations? (if any)

Utilities:

Sanitation?

Lighting?

Power Supplied by

AYA Robotics ☐

Customer ☐

(220 V / 110 V, 40 A)

Notes

NOTE: This information is to the best of Client's knowledge

THIS CONTAINS THE MINIMUM INFORMATION IN ORDER TO PROVIDE A PROPOSAL.

Client Signature: _____ Date: _____