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Hot Tapping/Line Stopping Fitting Inquiry Form

Customer _____ Job No. _____

Location _____ Date _____

E-Mail _____ Phone # _____

Existing Pipe Detail	Pipe Size	Nominal Size _____	Actual Size _____			
	Material Type/Grade _____					
	Wall Thickness _____ inches					
	Corrosion Allowance _____					
	Line Rating	<input type="checkbox"/> 150	<input type="checkbox"/> 300	<input type="checkbox"/> 600	<input type="checkbox"/> 900	<input type="checkbox"/> Other
	Design Pressure	Max. _____ Min. _____	<input type="checkbox"/> PSI	<input type="checkbox"/> KPa	<input type="checkbox"/> Bar	<input type="checkbox"/> Other
	Operating Pressure	Max. _____ Min. _____	<input type="checkbox"/> PSI	<input type="checkbox"/> KPa	<input type="checkbox"/> Bar	<input type="checkbox"/> Other
	Design Temp.	Max. _____ Min. _____	<input type="checkbox"/> F	<input type="checkbox"/> C		
	Line Content	_____				
	Our Service	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Location	Offshore <input type="checkbox"/> Topside <input type="checkbox"/> Subsea					
	Onshore <input type="checkbox"/> Above Ground <input type="checkbox"/> Buried					

Fitting Specification General	Check all that apply	<input type="checkbox"/> Hot Tap	<input type="checkbox"/> Line Stop	<input type="checkbox"/> Split Tee	<input type="checkbox"/> Nozzle	
		<input type="checkbox"/> Bolt On	<input type="checkbox"/> Spherical			
		<input type="checkbox"/> Three Way Orientation _____ Outlet Size _____				
	Design Code	<input type="checkbox"/> B31.3	<input type="checkbox"/> B31.4	<input type="checkbox"/> B31.8		
	Design Factor	<input type="checkbox"/> .72	<input type="checkbox"/> .60	<input type="checkbox"/> .50	<input type="checkbox"/> .40	
	Run Material	<input type="checkbox"/> Standard		<input type="checkbox"/> Client Specified		
	Run Length	<input type="checkbox"/> Standard		<input type="checkbox"/> Client Specified		
	Branch Size	<input type="checkbox"/> Standard		<input type="checkbox"/> Client Specified		
	Branch Material	<input type="checkbox"/> Standard		<input type="checkbox"/> Client Specified		
	Branch Wall Thickness	<input type="checkbox"/> Standard		<input type="checkbox"/> Client Specified		
	Branch Flange	<input type="checkbox"/> RF <input type="checkbox"/> RTJ <input type="checkbox"/> Smooth <input type="checkbox"/> Other				
	Branch Flange Height from centerline	<input type="checkbox"/> Standard		<input type="checkbox"/> Client Specified		
	Backing Strips	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	External Coating	<input type="checkbox"/> Primer <input type="checkbox"/> Epoxy <input type="checkbox"/> Other				
QA Requirements	MTR's	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	NDE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type:	<input type="checkbox"/> Xray	<input type="checkbox"/> PT <input type="checkbox"/> UT	
	Third Party	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Authorizing Signature: _____