

LINING SITE ANALYSIS

| Company Name: | | Date: _ | // | | |
|-------------------|--------------------------------------|-------------------|------------------|----------------------|------|
| Mailing Address: | | Shipping Address: | | | |
| City: | State: | Zip: | Phone: Fax: | () | |
| Fax: | Contact(s): | · | Position: _ | | |
| Type of Business: | | Name | e of Areas: | | |
| | EXP(| OSURE CON | <u>DITIONS</u> | | |
| 1. Lining expo | sed to? Corrosion | Wear | Impact | Other: | |
| 2. Chemicals (| concentrations & tem | peratures) | | | |
| 3. pH Range: F | From: T | o: | | | |
| 4. Lining subj | ect to live steam? Ter | mp: F | C Location o | f Steam Pipes | |
| 5. Is tank Pres | surized? | PSI: | | | |
| 6. Temperatur | e range? From: | FC (| min) To: | FC (max) | |
| 7. Thermal Sh | ock? Yes: N | o: | | | |
| | DES | CRIPTION OF | APPLICATION | | |
| 1. Dimension | s: | | | | |
| 2. Area to be | lined: Bottom | _ sq ft. sides _ | Тор | _ sq ft Total | _ |
| 3. Type of sul | ostrate:Concrete | Mild Steel | _Stainless Steel | Tile: (lined or bloc | ked) |
| | (sq. ft./thickness) Lin Wood: Oth | | ating: Tile | e:Concrete:_ | |
| 5. Conditions of | of Surface (% of each |) Smooth: | % Sm. Agg: _ | % Lg. Agg: | % |
| 6. Wall thickne | ess? Flexi | ng? Yes: | No: | | |
| 7. Square: | Rectangular: | Cylinder: | Cone: | Other: | |
| 8. Age of Tank | : <u></u> | | | | |
| 9. Pitch of fill | required (dimensions | / thickness): | | | |

| <u>S1</u> | TE /APPLI | CATION CO | NDITIONS | |
|--|-----------------|-----------------|------------------|--------------------|
| 1. Access size into tank: | | Oth | er vents: | |
| 2. Is tank enclosed? Yes: | No: | | | |
| 3. Is tank inside? C | outside: | | | |
| 4. Temperature of area duri | ing application | on and cure (be | specific) | |
| 5. Work to be done: Week | lay: | Weekend: | Holiday: _ | Shutdown: |
| 6. Total time available (ho | urs) for app | lication and cu | re. (Be specifi | ic): |
| 7. Obstructions: Internal (e | xplain) | | | |
| 8. Is blasting possible? Yes | ::No | o: Optio | onal? | |
| 9. Compressed Air Availab | ole? (min. 10 | 0 cfm @ 90 ps | i) | |
| 10. Electricity? 110V | 220V (1ph) | 220V (3 | oh-60 amp) | 440V (3ph-60amp) |
| 11. Lift truck available? Ye | es No | 0 | | |
| 12. Where can debris be di | sposed of? _ | | | |
| 13. Solvent odor objectiona | able / ventila | tion required (| explain) | |
| 14. Safety requirements? _ | | | | |
| 15. General Notes: | | | | |
| DETAIL OFFICE USE ONLY PRO ROVED FOR APPLICATION | DUCT(S) | RAM OF ARE | A TO BE LI | <u>NED</u> |
| orized Signature | | | | Customer Signature |

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