



# Leak Sealing Enquiry Intake Form

## Customer Details

Company-	<input type="text"/>		
Site Address-	<input type="text"/>		
Contact Name-	<input type="text"/>	Email-	<input type="text"/>
Phone-	<input type="text"/>	Mobile-	<input type="text"/>

## Process Details

Process Medium -	<input type="text"/>	
Design Pressure -	<input type="text"/>	Bar/PSI
Design Temperature -	<input type="text"/>	°C/F
Operating Pressure -	<input type="text"/>	Bar/PSI
Operating Temperature -	<input type="text"/>	°C/F

**Type of defect-** Please supply photographs/sketches wherever possible

<b>Flange Joint</b>	<input type="checkbox"/>	Nom Size + Class	<input type="text"/>
<b>Valve Bonnet</b>	<input type="checkbox"/>	Valve nom size + type	<input type="text"/>
<b>Valve Gland</b>	<input type="checkbox"/>	Valve nom size + type	<input type="text"/>

## Pipe Defect

Straight	<input type="checkbox"/>
Tee	<input type="checkbox"/>
Elbow	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Defect - circle:** Pinhole, Crack, Pitting, Mechanical Damage, Ext. Corrosion, Int. Corrosion / Erosion, Weld

## Description / other information

