



شركة أركان الفلاح للصناعة  
Arkan Alfalah Co. For Industry



# Pre-Proposal Questionnaire (PPQ) In-Service Tank Inspection

## Tank Owner Information and Contacts Section

### TANK OWNER INFORMATION

Company name:		
Plant/ Facility name:		
Street address:		
City:	State/ province:	Zip code:
Country: Kingdom of Saudi Arabia		

### CONTRACT INFORMATION

Main content:	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:



## TANK INFORMATION

## GENERAL INFORMATION

Tank ID/ Name	Date of fabrication	Tank Manufacturer	
Tank Construction Materials	Tank Diameter	Tank Height	
	<input type="checkbox"/> Feet <input type="checkbox"/> Meter	<input type="checkbox"/> Feet <input type="checkbox"/> Meter	
Type of Inspection: Floor only. <input type="checkbox"/> API 653 External <input type="checkbox"/> Quick-Look Inspection Cleaning Required. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Roof Condition:		Nitrogen Blanket required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Ladder	<input type="checkbox"/> Fixed	<input type="checkbox"/> EFR	<input type="checkbox"/> IFR
	If Fixed, what type?	<input type="checkbox"/> Cone <input type="checkbox"/> Dome	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other
	If EFR, ladder present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If IFR, what type?	<input type="checkbox"/> Pontoon	<input type="checkbox"/> Steel Pan

## TANK SHELL/ BOTTOM

Roof Thickness			
Shell Courses Thickness			
Bottom Thickness			
Double Shell	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Double Bottom	<input type="checkbox"/> Yes	If yes, Specify: Year Installed:	<input type="checkbox"/> No
Tank Lining	<input type="checkbox"/> Yes	If yes, Specify: Year Installed:	<input type="checkbox"/> No
Sloped Floor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cathodic Protection	<input type="checkbox"/> Yes	If yes: <input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> No
Is tank Insulated?	<input type="checkbox"/> Yes	If yes, Specify:	<input type="checkbox"/> No
Are Heater Present?	<input type="checkbox"/> Yes	If yes, Specify: <input type="checkbox"/> Bayonet <input type="checkbox"/> Coil	<input type="checkbox"/> No

## TANK FOUNDATION/ CONTAINMENT

Tank Foundation	<input type="checkbox"/> Earth	If yes, Specify Surface Preparation	
Concrete Ring Wall	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Concrete Pad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Containment Dike	<input type="checkbox"/> Yes	If yes, Specify: Year Installed:	<input type="checkbox"/> No
Excessive Vegetation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Standing Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## PRODUCT INFORMATION

Product Name:	Attach MSDS API Gravity?
Viscosity	
Temperature	
Flash Point	
Product Used	

## SLUDGE INFORMATION

Year Last Cleaned	
Type of Sludge	
Estimated Sludge Height:	How was this determined?



ROBOT/ PROBE ENTRY INFORMATION: NOT APPLICABLE BECAUSE OF IN-SERVICE INSPECTION			
Number of Roof Manway			
Roof Manway Diameters			
Roof manway Bolt Condition?			
Picture of the Roof/ Tank available?	<input type="checkbox"/> Yes	If yes, Attach	<input type="checkbox"/> No
Manway Restrictions (Internal, i.e., ladder, Drain)			

SAFETY INFORMATION			
Site Specific Training Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can training be performed on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, where should it take place?
Are special enclosures required to provide vapor barrier I the manway?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Is an inter blanket required in the vapor space?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are there site-specific condition required?	<input type="checkbox"/> Yes	If yes, Specify:	<input type="checkbox"/> No
Are there site-specific precaution?	<input type="checkbox"/> Yes	If yes, Specify:	<input type="checkbox"/> No
Is breathing air required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
WILL CLIENT PROVIDE;			
Breathing Air	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Fire extinguisher	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Gas monitors	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Escape packs	<input type="checkbox"/> Yes		<input type="checkbox"/> No

SITE INFORMATION			
PERMITS;			
Work permit required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hot work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other? Mention:
Lock out/ rag out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TWIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OPERATIONAL CONSTRAINS;			
Work hose required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Weather?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Union issues?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Other?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
FOR 20' TRUCK;			
Road access?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Outside berm access?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Inside berm access?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Staging distance to tank?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
<b>Crane</b>	Supplied by:		Crane access:
<b>Proximity to;</b>	Waterway?		Yards
	Groundwater?		Yards



### SCHEDULING AND REPORTING INFORMATION

Desired inspection dates			
Date and results from previous inspection			
One written report is standard. Are more reports required? * Additional changes may apply based on contract.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many?

### REGULATION & PERMITTING

Why are inspecting the tank?			
Desired inspection dates:			
What jurisdiction dose you tank full under?	<input type="checkbox"/> 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	
State tank regulations? (If any)			
Company tank regulations? (If any)			

### UTILITIES

Sanitation?			
Lighting?			
Power supplied by;	<input type="checkbox"/> AL AFI	<input type="checkbox"/> Customer	<input type="checkbox"/> 480V/ 3Ø/50Amp required