PATROLLING FORM

Name of Complex: __________________________________________
Address: ___________________________________________________________________________

Date of Patrol: ___________________ Quarter: 1st
Number of miles/ft. Patrolled: ________________
Atmospheric Corrosion: ___Yes  ___No
Number of buildings: ________________
Erosion: ___Yes  ___No
Number of meters: ________________
Paint/Coating: ___Yes  ___No
Number of risers: ________________
Gas Leaks: ___Yes  ___No

List type of deficiency and location: ___________________________________________________
Remarks: _________________________________________________________________________
Observed By: __________________________

Date of Patrol: ___________________ Quarter: 2nd
Number of miles/ft. Patrolled: ________________
Atmospheric Corrosion: ___Yes  ___No
Number of buildings: ________________
Erosion: ___Yes  ___No
Number of meters: ________________
Paint/Coating: ___Yes  ___No
Number of risers: ________________
Gas Leaks: ___Yes  ___No

List type of deficiency and location: ___________________________________________________
Remarks: _________________________________________________________________________
Observed By: __________________________

Date of Patrol: ___________________ Quarter: 3rd
Number of miles/ft. Patrolled: ________________
Atmospheric Corrosion: ___Yes  ___No
Number of buildings: ________________
Erosion: ___Yes  ___No
Number of meters: ________________
Paint/Coating: ___Yes  ___No
Number of risers: ________________
Gas Leaks: ___Yes  ___No

List type of deficiency and location: ___________________________________________________
Remarks: _________________________________________________________________________
Observed By: __________________________

Date of Patrol: ___________________ Quarter: 4th
Number of miles/ft. Patrolled: ________________
Atmospheric Corrosion: ___Yes  ___No
Number of buildings: ________________
Erosion: ___Yes  ___No
Number of meters: ________________
Paint/Coating: ___Yes  ___No
Number of risers: ________________
Gas Leaks: ___Yes  ___No

List type of deficiency and location: ___________________________________________________
Remarks: _________________________________________________________________________
Observed By: __________________________