

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: _____