

Trouble Shooting Data Sheet

Ball Valve

Company: _____	Country: _____
Address: _____	Field: _____
_____	Well: _____
_____	Platform: _____
Contact Name: _____	Date: _____
Email: _____	Telephone: _____
	Telefax: _____

Please complete as much of this form as possible with accurate information for each leak site.

- | | |
|--|----------------------|
| 1 Valve Size/Type/Manufacturer/Model: | _____ |
| 2 Valve Operator (Manual or Hyd/Pneumatic Actuator): | _____ |
| 3 Valve Working Pressure & Test Pressure: | _____ |
| 4 Valve Orientation (Vertical or Horizontal): | _____ |
| 5 Valve Able to Open & Close Fully: | _____ |
| 6 Valve Seat Injection Fitting Type/Quantity/Location: | _____ |
| 7 Valve Body Bleed Fitting Type/Quantity/Location: | _____ |
| 8 Line Size & Type & Working Pressure: | _____ |
| 9 Fluid in Line (Oil/Water/Gas/H2S/CO2 Content): | _____ |
| 10 Line Pressure & Temperature Flowing & Shut-In: | _____ |
| 11 Able to Bleed Pressure from Valve Body: | _____ |
| 12 Leak Rate (Steady Flow Rate from Valve Body): | _____ |
| 13 Able to Bleed Pressure Downstream of Closed Valve: | _____ |
| 14 Minimum Line Pressure Downstream of Closed Valve: | _____ |
| 15 Leak Rate (Steady Downstream Flow Rate): | _____ |
| 16 Leak Rate (Downstream Pressure Build Up Rate): | _____ |
| 17 Estimated Downstream System Volume: | _____ |
| 18 Maximum Available Upstream Pressure: | _____ |
| 19 Facility/Piping Layout Drawing: | Please Attach |
| 20 Valve Drawing/Specs & Seat Injection Port Drawing: | Please Attach |
| 21 Background Information (Photographs): | Please Attach |