

APPENDIX 11

FIELD PERFORMANCE REPORT – HOT TAPPING & PLUGGING

DATE: _____ # _____
CUSTOMER: _____
INITIATOR: _____ JOB DESCRIPTION: _____
SALES ORDER# _____

A. Nature of Problem (to be completed by Initiator):

B. Probable Root Cause: (to be completed by Service Center Manager or Designee):

C. Corrective/Preventive Action Required: (to be completed by Service Center Manager or Designee):
[] Yes [] No
Implementation By _____ Effective Date _____
Corrective/Preventive Action: _____

D. Corrective/Preventive Action Implemented: (to be completed by Director, Technical Solutions or Designee)
_____ Suitable & Effective: _____

Incident Report Codes: (to be completed by Director of Technical Solutions or Designee)

- Distribution:
TDW SERVICES Manager Central Services
TDW SERVICES Applicable Regional Manager
TDW SERVICES Manager of Technical Services
TDW SERVICES Applicable Service Center Manager
TDW SERVICES Quality Assurance Manager
TDW SERVICES Operator Qualification Trainer
TDW SERVICES Pipeline Rehabilitation Manager

Hot Tap _____ Equipment Set Up _____
STOPPLE® _____ Jobsite _____
Plug Setting _____ Conclusions _____
Coordination _____ Originator _____
ORIGIN: _____ I (Internal) E (External)

Signature _____