

<b>HRSG TUBE SAMPLING FORM</b>		
<b>COMPANY / CONTACT INFORMATION</b>		
Company Name		
Plant Name		
Contact Person at Plant		
Contact Person Email Address		
Contact Person Office Number		
Contact Person Cell/Text Number		
Contact Person Mailing Address		
Contact Person Mailing Address (continued)		
Contact Person Mailing Address (continued)		
Purchase Order No. (Please provide copy)		
Billing Company Name And Address, If Different From Above		
<b>SAMPLE INFORMATION (Please Complete for each sample)</b>		
	<b>Sample 1</b>	<b>Sample 2</b>
HRSG Designation (e.g., HRSG 1)		
Date Tube Was Removed (e.g., Date Of The Start Of The Outage)		
The General Location (e.g., HP Evaporator)		
The Harp Number (e.g., 1st harp header of HP Evaporator, closest to gas turbine)		
Tube Row (e.g., 1st row of HRSG Evaporator Tubes)		
The Bundle/Module (e.g., Left bundle as viewed from gas turbine)		
Tube Number and Reference Point (e.g., 10th tube from left wall)		
Elevation & Reference Point Of The Specimen (e.g., distance from floor or harp header)		
<b>WORK DESIRED (Specify if different for each sample)</b>		
Mechanical (Method A with Vibration) Deposit Weight and Dimensional Assessment		
Bead Blast (Method C) Deposit Weight and Dimensional Assessment		
State here if you want to perform internal deposit composition analyses only for tube with greatest deposit weight (Yes/No)		
ID Deposit Comp.(Specify Quantitative or EDXS) - Separate Hot/Cold Sides		
ID Deposit Comp.(Specify Quantitative or EDXS) - Combined Hot/Cold Sides		
OD Deposit Comp. (Specify Quantitative Or EDXS)		
Failure analysis (no SEM)		
Failure analysis with SEM		
Microstructural Examination		
Metal Composition		
Metallographic Deposit Thickness		
Elemental Mapping		
Metal Hardness		
pH of Deposit Suspension		
IC of Deposit Suspension		
Loss on Ignition for Deposits		
Level Of Service Requested for Above Work: Normal Service, Expedited (10 Business Days), or Rush Service (5 Business Days).		
Supplemental Laboratory Tube Cleaning Simulation		
<b>REQUESTED UNIT INFORMATION</b>		
Date HRSG Commissioned		
Operating Pressure, Units (If determining deposit weight/composition)		
Elevation of duct burners (indicate if duct burners are present)		
If Chemically Cleaned, Date of Last Cleaning (if determining deposit weight)		
Date of Tube Failure (Only for Failures Analyses)		