**Form PR-33A Authorization for Surface Preparation on**

**Process/ Utility Piping and Equipment Under Pressure and/or in Service**

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| Line Number or Vessel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ref. Dwg. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Package – JN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Blasting Company Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Estimated Date to Start Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surface Preparation Method:  Scope:  Process Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Process Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Oper. Temp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oper. Press.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Autoignition Temp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Water Cleaning below 5000 psi and Hand Tool Cleaning Assessment** | |
| **Water Jetting & Hand Tool Cleaning allowed without additional thickness testing under the following conditions:**   1. There is no external corrosion (verified by field visual) 2. Inspection history shows no internal corrosion that will impact the safety of the cleaning. 3. The inspector agrees there is no additional reason for thickness testing.   Inspector:  *Name Signature Date*  ***Note: If box is checked and Inspector has signed, then thickness testing and risk assessment are not required.*** | |
| **Thickness Testing and Risk Assessment** | |
| Inspector/Company:  UT Tech/Company:  Safe to descale?  Yes  No | Minimum thickness (T-min): 1) \_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_  Pipe Diameter/Nominal thickness: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_  Actual thickness (Tact) as found 1) \_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_  **Special Instructions or Holds:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attachment Page with minimum: Date of testing, T-min, Nominal Thickness, Actual thickness, and special instructions or holds. |
| **Likelihood Assessment Outcome**  Wall Thickness: **Tact can’t be determined, or Tact ≤ Tmin**  Probability: **High Until Fitness for Service evaluation is completed**  Action Required: Fitness for Service required to verify job is safe and Contingency Plan completed and approved.  Wall Thickness: **Tmin < Tact ≤ Tmin + 0.04”** *(The actual thickness is greater than Tmin, but less than or equal to Tmin + 0.04)*  Probability: **Medium**  Action Required: Engineering Evaluation Completed by Unit Maintenance Engineer and Contingency Plan completed and approved  Safe to Proceed:  Yes  No  Unit Maintenance Engineer:  *Name Signature Date*    Wall Thickness: **Tact > Tmin + 0.04”**  Probability: **Low**  Action Required: Contingency Plan completed and approved if required. | |

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| **RAM Score**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **RAM Score** | **1** | **Med** | **High** | **High** | | **2** | **Med** | **Med** | **High** | | **3** | **Low** | **Med** | **Med** | | **10** | **Low** | **Low** | **Med** | |  | **Low** | **Med** | **High** | |  | **Likelihood Assessment Outcome** | | | | | | | | | |
| **Calculated Risk Assessment:** | | | **Low** | **Medium** | **High** |
| □ | Inspection is completed and results documented and attached.  For High or Medium Risk Assessment Outcome:  Design and operating conditions (pressure and temperature) have been verified by Inspection. | Additional Comments: | | | |
| *Name: Signature: Date:*  Inspector | | | |
| □ | Owning department has completed required contingency plan and understands hazards associated with the task.    Contingency Plan PR-33B approved and attached. | Additional Comments: | | | |
| *Name: Signature: Date:*  Operations Maintenance Coordinator or Designee | | | |
| □ | Lead testing conducted if required  Work area clearly defined and communicated to Surface Preparation Contractor | Lead Plan Required: □ Yes □ Not Applicable | | | |
| Additional Comments: | | | |
| *Name: Signature: Date:*  MPC Servicing Group Coordinator | | | |

### This form must be properly authorized per PR-3 Safe Work Permit Procedure.

### **This form is valid for up to 90 days after the inspector signed.**

Attach inspection results and risk assessment with results to this form.

Attach this form to the SWP and post at the job site. After job completion, file with last Safe Work Permit.