



Protective Coatings, Inc.
1602 Birchwood Ave.
Fort Wayne, IN 46803

Steel Tank Lining / Coating Form

| | | | | | | | | | | | | | | | |
|----------------------|----------|-----|----|----------------------------------|--|--|----|----------|--|---|--|--|--|--|--|
| PROJECT: | | | | | | | | | | | | | | | |
| CUSTOMER: | | | | | | | | | LOCATION: | | | | | | |
| CONTACT: | NAME: | | | | | | | | INSTALLATION | CONTRACTOR: | | | | | |
| | COMPANY: | | | | | | | | | PHONE: | | | | | |
| | EMAIL: | | | | | | | | DATE | EMAIL: | | | | | |
| | PHONE: | | | | | | | | | CONTACT: | | | | | |
| STEEL TYPE: | | | | TANK INFORMATION | | | | | | PRODUCTS / COMODITIES INFORMATION (USE ADDITIONAL SHEETS IF NECESSARY) | | | | | |
| HEATED TANK? | | YES | NO | SIZE (GAL) | | | | | | COMMODITY | | | | | |
| INTERNAL TEMP (°F) | | | | ROOF TYPE: | | FIXED | | FLOATING | CONCENTRATION (%) | | | | | | |
| EXTERNAL TEMP (°F) | | | | # FIXED ROOF COLUMNS | | | | | | SPECIFIC GRAVITY | | | | | |
| INSULATED? | | YES | NO | # FLOATING ROOF COLUMNS | | | | | | pH | | | | | |
| PRESSURIZED? | | YES | NO | LARGEST OPENING | | | | | | ABRASIVE (BY WHAT) | | | | | |
| VIBRATION? | | YES | NO | AGITATION? | | YES | NO | | TEMP RANGE (°F) | | | | | | |
| FLEX (SIDES) | | | | ABRASION? | | YES | NO | | CYCLE FREQUENCY | | | | | | |
| FLEX (BOTTOM) | | | | DIMENSIONS H x W x L or H x D | | COMPLETE FOR EACH DIFFERENT COMMODITY | | | | | | | | | |
| EXISTING LINING? | | YES | NO | WELD SEAMS? | | YES | | NO | To the best of my knowledge the above mentioned statements are true and will be used to determine the coating/lining that is needed for the project above. | | | | | | |
| CONDITION SURVEY BY: | | | | SKIP WELDS? | | YES | | NO | | | | | | | |
| WALL CORROSION? | | YES | NO | RIVITED SEAMS? | | YES | | NO | OWNER REPRESENTATIVE: | | | | | | |
| WALL PITTING? | | YES | NO | WALL PERFORATION? | | YES | | NO | | | | | | | |
| BOTTOM CORROSION? | | YES | NO | BOTTOM PITTING? | | YES | | NO | TITLE: | | | | | | |
| BOTTOM PERFORATION? | | YES | NO | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |