



CHECKLIST MTA PIPE-INSPECTOR® INSPECTION OF OPEN CHANNEL POTABLE WATER PIPELINES	Order-No.				D	M	Y

Project _____
Client _____
Contact _____ **Tel.** _____
E-mail _____ **Mobile no.** _____

Basic data

Sections no. of pcs _____ Total length: _____ Year of construction: _____
DN max.: / Unknown Material: / Unknown Pipeline length: / Unknown
DN min.: / Unknown Material: / Unknown Pipeline length: / Unknown
Gradient approx.: % / Unknown Water flow: m³/h / Unknown Culverts: / Unknown
Bends (no. of pcs): / Unknown Degree max: / Unknown Diameter: / Unknown

Sediments: Yes No Unknown Type: / Unknown
Special structures: Yes No Unknown
Latest pipeline cleaning: _____ Known damage: _____

Inspection purpose: Optical inspection Control of sediments Commissioning

Possible obstacles _____

Known obstacles _____

Site visit before inspection requested: Yes No

Comments _____

Place, date: _____ Stamp, signature: _____

The following data are required for the preparation of a budgetary quote:			
Network plan:	scale 1 :	_____	(File attached)
Longitudinal profile:	scale 1 :	_____	(File attached)
Start point shaft No.:		Pipe bottom height:	above sea level
Image or scheme of start point:			(Graphics file attached)
End point shaft No.:		Pipe bottom height:	above sea level
Image or scheme of end point:			(Graphics file attached)