

DATE: _____

Contractor & Project Information

Company/Contractor : _____
 Project Name : _____
 City : _____ State: _____

Fitting Information

<input type="checkbox"/> Coupler	<input type="checkbox"/> 90° Elbow	<input type="checkbox"/> 45° Elbow	<input type="checkbox"/> Tee
<input type="checkbox"/> Reducer	<input type="checkbox"/> Transition Saddle	<input type="checkbox"/> Flex Restraint	<input type="checkbox"/> Tapping Tee
<input type="checkbox"/> Branch Saddle			

Fitting Size: _____ IPS or DIPS: _____ Fitting SDR: _____

Pipe Orientation

Horizontal
 Vertical
 Off-Set
 Tie-In/Repair

Was this fitting being installed into a manhole application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the pipe being horizontally or vertically suspended during installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this fitting being fused onto a Perforated Pipe application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you need to restrict the airflow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fusion Technician Information

Installers Name:			
Installer Certified (Y/N):		Installers Certificate #:	
Company Certified By:		Certificate Current (Y/N)	

Jobsite Information

Weather Conditions:		Outside Temperature:	
Jobsite Conditions:		Water Present in Fusion Area:	

Pipe Information

Pipe Manufacturer:		Print Line Data:	
Pipe Diameter (IPS/DIPS):		Min Allowable Pipe OD:	
Actual Measured Pipe OD Side 1:		Actual Measured Pipe OD Side 2:	
Did you find Flat Spots, Gouges or Other Pipe Surface Anomalies Present on Pipe Surface or in Fusion Zone (Y/N):			
Was There Excessive Toe-In Present on Pipe Ends (Y/N):			
Was the Toe-In Cut Back or Removed (Y/N):			

Installation Equipment Information

Was a Re-Rounding Device Used: (Y/N)?		If No - Why?
What Kind of Re-Rounding Device Was Used?		
What Was Used to Scrape the Pipe Surface in the Fusion Zone?		
What Was Used as Your Cleaning Solution		
What Did You Use to Align the Pipe/Relieve the Stress in the Fusion Zone/ or Restrain the Movement of the Fitting During the Fusion Process?		

Power Supply Information

Make & Model of Power Source Used:			
Was a Plug Adapter Used (Y/N)?		Was an Extension Cord Required (Y/N)?	
If Yes – Provide Cord Length and Wire Gauge:			

Electrofusion Processor Information

Processor Mfg.:		Processor #:	
-----------------	--	--------------	--

Electrofusion Fitting Fusion Information

Was the Fitting Kept in Its Unopened, Original Packaging & Protected Until Joint Assembly (Y/N)			
Fusion Time on Fitting:		Cooling Time on Fitting:	
Side 1 Complete Fusion Time (Y/N):		Side 2 Complete Fusion Time (Y/N):	
If No – List Indicated Error Code:		If No – List Indicated Error Code:	

Notes: