

PT. INSPEKTINDO SINERGI PERSADA SERVICES TIME SHEET



Personnel In Attendance:
 Period:
 Day Rate:
 Per Diem Rate :

Customer:
 Contract/ PO Non:
 Rig / Well:

Date :
 Our Ref:

No	Day & Date	Rig / Loc*	Time*	ACTIVITY	BILLING		
					Day	Mob/ Demob (USD)	Per diem (Day)
1.	Wednesday / 14 October. 2020	BSU Yard	08.00-17.00	Inspection of 1 Unit CCU Including Lifting Set (Sling & Shackles).	1		
TOTAL (Days)					1		
TOTAL (USD)							
GRAND TOTAL							

* If Applicable

Consumable Material Usage				
No	Date & Day	Material Usage	Quantity	Remark
1.	Monday / 14 October. 2020	MPI Set (Yoke and Chemical)	1 Set	
		ID Tag / Name Plate CCU	1 ea	
		ID Tag / Name Plate Lifting Sling	1 ea	

Leo Rante / Suhardi Maricen
 Personnel In Attendance

Contractor Representative

Rig Representative

The Company Representative



**REQUEST FOR INSPECTION
LIFTING GEARS & EQUIPMENTS**

Date	: 4 October 2020	Ref No	: RFI - 20 - 014
Customer	: Berkat Sentosa Utama	Delivery Date	: 7 Oct and 12 Oct' 2020
Contact Person	: Leo Rante (0821-4415-1238)	SO No	:
PO Number	: Cash after services	Sales	: Cholidjah

Description: Offshore Containers

SWL :

QTY: 3 Units

Equipment Type	<input type="checkbox"/> Wire Rope Sling <input type="checkbox"/> Wire Rope <input type="checkbox"/> A-Frame <input checked="" type="checkbox"/> Slings	<input type="checkbox"/> Spreader Bar <input type="checkbox"/> Pad Eye <input checked="" type="checkbox"/> CCU <input type="checkbox"/> ILT	<input type="checkbox"/> Crane <input type="checkbox"/> Forklift <input type="checkbox"/> Lifting gears (Wire Sling, Shackle) <input type="checkbox"/> Lifting Equipment ()
Scope of Work	<input checked="" type="checkbox"/> Review Documents <input checked="" type="checkbox"/> Visual Inspection <input checked="" type="checkbox"/> Functional Check <input checked="" type="checkbox"/> Dimensional Conformity		<input type="checkbox"/> Proof Load Test <input checked="" type="checkbox"/> NDT (MPI ; PT ; RI ; UT ; ECI) <input type="checkbox"/> Destructive Test <input type="checkbox"/> 3 rd Party Witness
Proof Load Applied	<input type="checkbox"/> 100% <input type="checkbox"/> 110% <input type="checkbox"/> 125% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> SWL X 1.04 + 9.6 <input type="checkbox"/> SWL X 1.22 + 20 <input type="checkbox"/> Others		
Reference Standard	<input type="checkbox"/> ASME B30.9 <input type="checkbox"/> BS EN 13414-2		<input type="checkbox"/> ASME B30.5 <input checked="" type="checkbox"/> BS EN 12070-3
Location	<input type="checkbox"/> In-House (RP)	<input checked="" type="checkbox"/> Client Site (Please Specify address and PIC)	
Certification	<input checked="" type="checkbox"/> In-House Thorough Examination		<input type="checkbox"/> MILL CERT/ COC Product of Assembly
	<input type="checkbox"/> 3 rd Party Certification		<input type="checkbox"/> Government Certification
	<input type="checkbox"/> ABS <input type="checkbox"/> DNVGL <input type="checkbox"/> Lloyd Register <input type="checkbox"/> RINA	<input type="checkbox"/> BV <input type="checkbox"/> BKI <input type="checkbox"/> SUCOFINDO	<input type="checkbox"/> DISNAKER <input type="checkbox"/> MIGAS
	<input type="checkbox"/> Manufacturer COC		
Reporting	<input checked="" type="checkbox"/> Thorough Examination Report <input type="checkbox"/> Tensile Test Report <input checked="" type="checkbox"/> NDT Report		<input type="checkbox"/> DISNAKER Report <input type="checkbox"/> MIGAS Report

Comments:

HSE Remarks:

Inspection Requested By: Cholidjah <i>me3</i>	Acknowledged By : <i>P.k. jeff</i>	Checked & Inspected By : Leo Rante <i>Leo Rante 10/10/20</i>
Designation: Sales and Marketing Dept.	Designation:	Designation: Operational Dept.
Date : 06 October 2020	Date: 14/10/2020	Date: 7 Oct & 12 Oct' 2020