



CHECKLIST MTA PIPE-INSPECTOR®
POTABLE WATER PRESSURE PIPELINES

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Project _____
Client _____
Contact _____ **Tel** _____
E-Mail _____ **Cell** _____

Project time frame General inquiry In planning stage Acute
Inspection purpose Optical inspection Commissioning Control of sediments Leak detection
 Other: _____
Pipeline type Supply Transport Other: _____

Total length: _____
DN max.: _____ DN max section length: _____ Material: _____
DN min.: _____ DN min section length: _____ Material: _____
Operational pressure min.: _____ Operational pressure max.: _____ Height difference: _____
Bends (pcs): _____ Bends gradient max.: _____
Year of construction: _____ Culverts (pcs): _____
Flow velocity: _____ m/s Turbidity: _____ FNU
Deposits: No Unknown Yes Type: _____

Fittings (number of pieces)
T-pieces: _____ Hydrants: _____ Emptyings: _____
Tapping sleeves: _____ Pressure reducing valves: _____ Filters: _____
Valves horizontal: _____ Crossings: _____
Valves vertical: _____

Comments _____

Site visit before inspection requested Yes No

Place, date: _____ Stamp, signature (mandatory) _____

The following data are required for the preparation of a budgetary quote:

Network plan: scale 1 : _____ (file attached)
Start point: _____
Where shall MTA Pipe-Inspector® be launched? Use of existing fittings or will it be necessary to cut the pipeline?
Image or scheme of start point: _____ (graphics file attached)
End point: _____
Where shall MTA Pipe-Inspector® be retrieved? Use of existing fittings or will it be necessary to cut the pipeline?
Image or scheme of end point: _____ (graphics file attached)