

 ANACORTES REFINERY	REFINERY-WIDE	R-11-032-F08
	Custom Test Blind Request	
		Page 1 of 1 REVISION: 3

Filled out by the Operations Representative:

Requested by: _____

Reason for: _____

Equipment or Piping Name and Number (attach P&ID or Sketch): _____

Normal Operating Pressure: _____

Normal Operating Temperature: _____

Line size: _____

Loading... *

Line Pressure Rating: (e.g., 150#, 300#, etc.) _____

Normal Operating Process: (i.e., caustic, acid, distillate, slurry, etc.) _____

Filled out by Pressure Equipment or Reliability Engineer:

	Line Size	Flange Rating	Blind Thickness	Design Pressure	Design Temperature	Metal to be used	ANR Std Dwg
1							
2							
3							
4							
5							
6							
7							
8							

Date: _____

Signature: _____

Filled out by Maintenance or Shop 2 Supervisor:

Date of Fabrication: _____

Labeling Correct / Verified: Yes No

Maintenance or Shop 2 Supervisor initials: _____

When the above information is complete:

Signed and Dated by:

Operations Representative: Date: _____

Signature: _____

ATTENTION: Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.

R-11-032-F08

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