



Magnetic Casing Camera Pre - Inspection Report

Client Name: _____
Point of Contact Name/Phone Number: _____
Location of Casing: _____
Inspection Date: _____

Size of Carrier: _____
Length of Carrier: _____
Carrier Material (As Manufactured): _____
Carrier Wall Thickness (As Manufactured): _____
Carrier Coating Material (As Manufactured): _____

Manufactured Thickness of Carrier Coating: _____
Size of Casing: _____
Casing Material (As Manufactured): _____
Spacer Type/Details: _____

Notes on Condition of Annular Space Based on Visual Inspection (Examples - Non-Concentric Annular Space, Mud/Debris, Water, etc):

Notes on Known Abnormalities in Pipe (Examples - Offsets, Pipe Misalignments, etc)

<p>Annular Space Measurements</p> <p>Space Measurement @ 12 O'Clock: _____ Space Measurement @ 3 O'Clock: _____ Space Measurement @ 6 O'Clock: _____ Space Measurement @ 9 O'Clock: _____</p> <p>Additional Notes: _____</p>	<p>The diagram shows two concentric circles representing the carrier and casing. The outer circle is labeled 'Carrier' and the inner circle is labeled 'Casing'. Four clock positions are marked: 12 at the top, 6 at the bottom, 9 on the left, and 3 on the right. Blue arrows point from the labels to the corresponding circles.</p>
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Please also provide the following: Photos of the End of the Pipe
Photos Inside the Pipe (If Possible)
As Built Drawings (If Possible)