



Information Required for a Pipe Support Training Seminar Questionnaire

Client: _____ _____ _____ _____	Sent Out: _____ Received: _____ Quote: _____
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We would appreciate it if you would answer the following questions and return this form. This will ensure that the proposed training seminar, directed at pipe supports, restraints, and snubbers, fulfills your organization's specific needs and interests.

Upon receipt of your comments, we will structure our class accordingly and return a schedule for your final review and approval.

Product: Please indicate your interest in the following products.

	<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
• Constant Support Hangers	_____	_____	_____	_____
• Variable Spring Hangers	_____	_____	_____	_____
• Sway Braces	_____	_____	_____	_____
• Snubbers (Hydraulic)	_____	_____	_____	_____
• Snubbers (Mechanical)	_____	_____	_____	_____
• Limit Stops	_____	_____	_____	_____
• Restraints	_____	_____	_____	_____
• Anchors	_____	_____	_____	_____
• Rods and Accessories	_____	_____	_____	_____
• Clamps	_____	_____	_____	_____

Design and Engineering: Please indicate your interest in the following general or specific categories.

	<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
• Piping Analysis	_____	_____	_____	_____
• Product Design	_____	_____	_____	_____
• Pipe Support Design and Detail	_____	_____	_____	_____
• Product Selection and Application	_____	_____	_____	_____
• Steel Attachments	_____	_____	_____	_____
• Concrete Attachments	_____	_____	_____	_____
• Welded Design	_____	_____	_____	_____
• Bolted Design	_____	_____	_____	_____
• Comments	_____	_____	_____	_____



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Load Cases

Please indicate any load cases that might be of particular interest to your staff or your organization in general. Examples include deadweight loadings, hydrostatic loads, safety valve discharge, turbine trip, seismic, wind loads, etc.

Comments:

Miscellaneous: Please indicate your interest in the following areas:

	<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
• Installation Procedures	_____	_____	_____	_____
• Maintenance Procedures	_____	_____	_____	_____
• Adjustment Procedures	_____	_____	_____	_____
• Inspection	_____	_____	_____	_____
• Troubleshooting	_____	_____	_____	_____

Please indicate the pipe support manufacturer(s) and the age of the devices. Also, please use the following space to provide additional details, in a general or specific sense, associated with the proposed seminar.

PLEASE RETURN THE QUESTIONNAIRE TO:

**OST SERVICES
55 CHAPMAN STREET
PROVIDENCE, RI 02905-5405**

For more information regarding OST Services' capabilities, please contact us at [800-565-9729](tel:800-565-9729).