Field System Machining, Inc.

Form No 20

24-Hour Emergency Service
7-days a week, 365-days a year!

JOURNAL INSPECTION FORM *(as found conditions)*

(Fax back for fixed price quotation!)

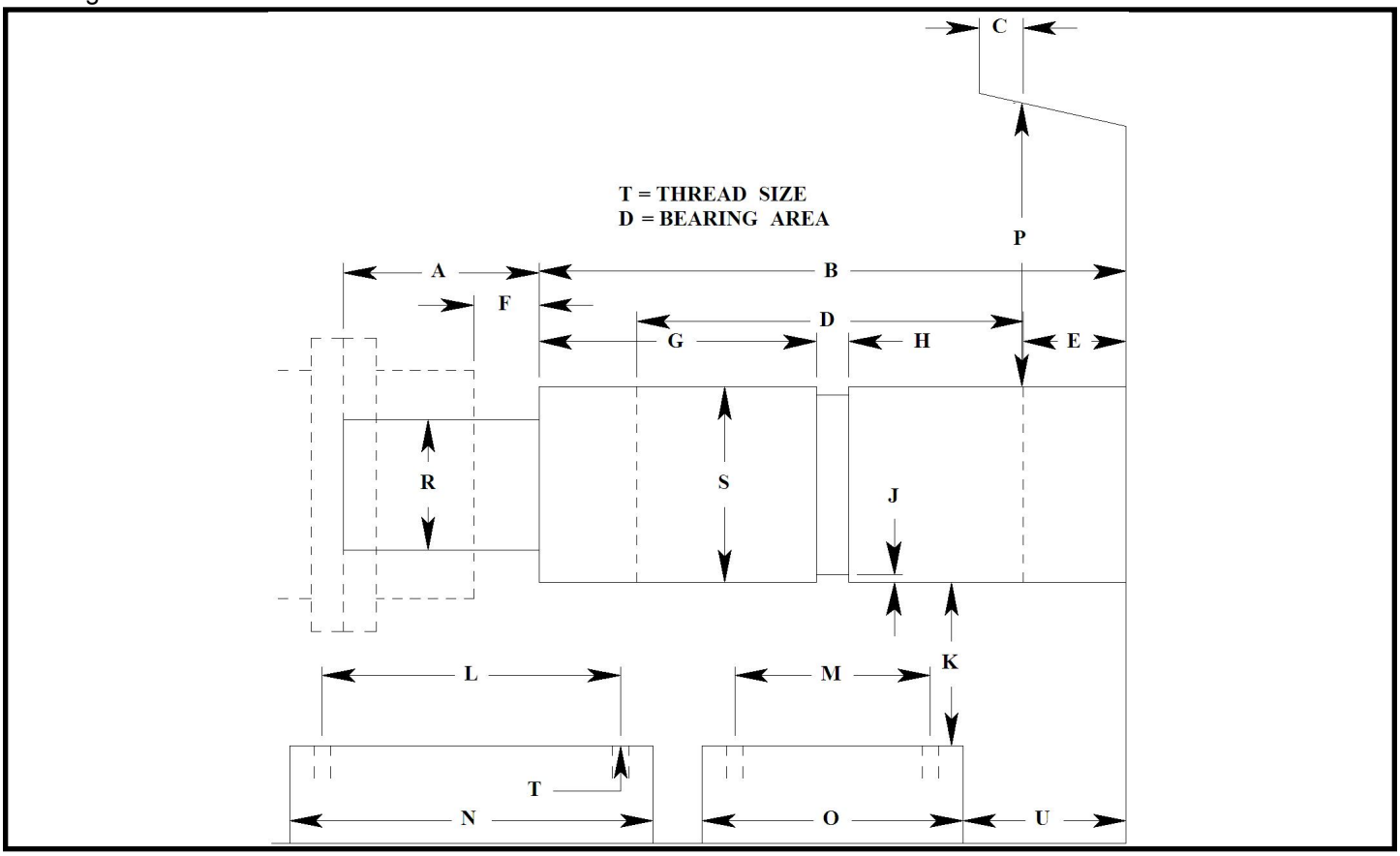
Scope of Work:

Visit our Website @ ***http://www.fieldsystems.com***

Requested By: _____ Phone _____ Fax _____ Date _____

Company: _____ Plant Name: _____

Drawing



Equipment Data

Equipment Manufacturer: _____

Description: FD—ID FAN SHAFT BEARING Serial Number: _____ Unit No: ____ Size: _____

Frame Type: _____ Material Specification: _____

Anticipated Stock Removal: _____ *(from* ☐ Radius ☐ Diameter *)*

Anticipated Start Date: _____ Required Coverage: ☐ 1 12-Hr. Shift/Day ☐ 24-Hr. Coverage

Tolerances Required: _____ Finish Requirements: _____

A		**G**		**M**		**S**					
B		**H**		**N**		**T**					
C		**I**		**O**		**U**					
D		**J**		**P**							
E		**K**		**Q**							
F		**L**		**R**							

Complete On-Site Machining, Welding, and Steam Path Repairs!

720 Schneider Dr., South Elgin, IL 60177 • 24-Hr. Toll Free Ph. 800-789-2814 • Voice: 847-468-1313 • FAX: 847-468-1847 • E-mail: office@fieldsystems.com