



# ROD INSPECTION FORM

Submit completed Rod Inspection Form and any additional information to [quality@liftingsolutionsinc.com](mailto:quality@liftingsolutionsinc.com). Send prepared samples to the Lifting Solutions Head Office: 3710 - 78 Ave NW, Edmonton, AB T6B 3E5

## IMPORTANT! PREPARATION INSTRUCTIONS FOR SAMPLES:

1. Cut samples on each side of the fracture line per length detailed below:
  - a. Standard analysis: 12 in.
  - b. Analysis with tensile test: 24 in.
2. Wrap the rod samples in a cloth or put them in a bag to preserve the outside rod skin
3. Identify the samples in writing prior to leaving the well location
4. Avoid over-handling or touching the samples
5. Send in plastic pieces for coated rod failures

DATE FORM COMPLETED:
LSI REP NAME:
SHIPPED VIA:
SHIPPED DATE:
RGM #:

DETAILS	
CLIENT NAME:	FIELD NAME:
CLIENT PHONE NUMBER:	INSTALLATION DATE:
CLIENT EMAIL:	FAILURE DATE:
REQUEST BY CLIENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILURE DEPTH FROM SURFACE:
COMPANY:	ROD HANDLING SERVICE PROVIDER:
WELL LOCATION:	TYPE OF GRIPPER USED:

ROD STRING DETAILS	
ROD STRING NUMBER:	Failure Sample Submitted: <input type="checkbox"/> Top Portion <input type="checkbox"/> Bottom Portion
GRADE: <input type="checkbox"/> D <input type="checkbox"/> DS <input type="checkbox"/> CD <input type="checkbox"/> CS <input type="checkbox"/> ND <input type="checkbox"/> NS <input type="checkbox"/> Other:	<input type="checkbox"/> Bare Rod <input type="checkbox"/> Coated Rod <input type="checkbox"/> Guided Rod
SIZE: <input type="checkbox"/> 3/4" <input type="checkbox"/> 7/8" <input type="checkbox"/> 1" <input type="checkbox"/> 1-1/8" <input type="checkbox"/> 1-1/4" <input type="checkbox"/> 1-3/16" <input type="checkbox"/> Other:	
ROD STRING CONFIG. ABOVE PUMP:	

APPLICATION DETAILS	
APPLICATION: <input type="checkbox"/> Progressing Cavity Pump <input type="checkbox"/> Reciprocating Rod Pump <input type="checkbox"/> Other:	
WELL TYPE: <input type="checkbox"/> Vertical <input type="checkbox"/> Deviated <input type="checkbox"/> Slant <input type="checkbox"/> Horizontal	
CORROSION PRESENCE: <input type="checkbox"/> H2S % <input type="checkbox"/> CO2 % <input type="checkbox"/> Other:	
RELATED WELL ISSUES/HISTORY:	
APPLICATION REVIEW REQUESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PLEASE PROVIDE THE FOLLOWING APPLICATION DETAILS:
Well Survey Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	Pump Model:
	Pump Depth:
	JTF:
	API:
	Water Cut:
	Sand Cut:
	RPM/SPM:

LAB USE ONLY	
DATE SAMPLES RECEIVED:	
REPORT RELEASE DATE:	
PRODUCT INSPECTION #:	