

STOP IT[®] PIPE REPAIR SYSTEM CASE HISTORY REPORT

Date _____ Name _____ Job Function _____
Company _____ Address _____
City _____ State _____ ZIP _____ Country _____
Phone _____ Fax _____ Email _____

Is it OK to use company name as a reference? Yes / No

Describe your facility and problem the leak created:

Please draw the leak site or attach photos. Indicate hole size & location of leak on the pipe or fitting:

How did you use Stop It[®] on your repair?

Date applied: ____/____/____
Size used: _____ inches X _____ feet
Number of rolls used: _____
Is the repair still in place? Yes / No
Supplier: _____

Pipe Properties

Material: _____
(Steel, Copper, PVC, Fiberglass, PVDF, etc.)
Type of fluid or gas in pipe: _____
Pipe diameter: _____ Hole size: _____
Type of fitting: _____
Operating pressure: _____ Temp: _____

Cost Savings

What other methods were considered to make this repair? _____
Time saved using Stop It[®] vs. replacement: _____
Dollars saved in labor: \$ _____ Dollars saved in lost production: \$ _____

Additional comments you would like to share with us

Please advise contact information for anyone else at this or other locations that could benefit from the Stop It[®] Pipe Repair System

Name	Title	Address	City	State	ZIP	Phone	Fax
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Send completed form and images to:
InduMar Products, Inc, 1283 N Post Oak Rd, Ste 100, Houston TX 77055
or by e-mail to: case.history@indumar.com