MINNESOTA OFFICE OF PIPELINE SAFETY
INSPECTION EVALUATION FORM

Please take a moment to fill out this evaluation on the inspection that you just participated in. We value your input and strive for excellence. Completed forms can be mailed, faxed or emailed as noted below. Thank You!

Address
Office of Pipeline Safety
Attn: Chief Engineer
445 Minnesota Street, Suite 147
St Paul, MN 55101-5147

Fax:
651-296-9641
Email:
jonathan.wolfgram@state.mn.us

Pipeline Operator Name	
Operator Contact Info *(Optional)*	
MNOPS Inspector Name	
Inspection Date	
Inspection Type	

How would you rate the professionalism of the inspector?

Excellent		Good		Fair		Poor	

Was the inspector adequately prepared for the inspection?

Excellent		Good		Fair		Poor	

Did the inspector adequately address your questions or concerns?

Excellent		Good		Fair		Poor	

How was the length of the audit?

Excellent		Good		Fair		Poor	

Were the inspector's code interpretations consistent with other inspectors you have worked with?

Excellent		Good		Fair		Poor	

How knowledgeable was the inspector on the code (*CFR 192/195, NFPA, MS216D*) questions?

Excellent		Good		Fair		Poor	

Did the overall quality of the inspection meet your expectations?

Excellent		Good		Fair		Poor	

Please provide comments regarding any fair or poor ratings noted above:

What other inspection areas or topics do you feel MNOPS needs to place more or less emphasis on?

Miscellaneous Comments:

Would you like a follow-up call by the Chief Engineer?	Yes		No	