

www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
WELDING DAILY REPORT (PIPING)	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Area/ Location:	Ref. Drawing:	Rev.
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Line No.	Spool No.	Joint No.	Joint Type <input type="checkbox"/>	O.D	Thk.	Welder (s) ID			Type of Material/Material Spec. <input type="checkbox"/> to	WPS No.	Pre-heat	PWHT	Fit up Report No.	VT Result	Remarks
						Root	Hot	Cap							

Technical Comments:

Abbreviation:
Acc. : Accept **Rej.** : Reject **RC** : Re-Cap **NA**: Not Applicable

B: Butt Weld, **S**: Socket Weld, **T**: Seal Weld (for Threaded Joints), **M**: Miter
 For Example: Pipe / 5L X52 **to** Flange / A105

Quality Control	TPI Inspection	Client
Name: Sign: Date	Name: Sign: Date	Name: Sign: Date: