

<b>www.Inspection-for-Industry.com</b> Quality Control Form	Project:	
	Client:	Report No.:
<b>SHELL PLATE BANDING  CHECK REPORT</b>	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Tank No.:	Tank Name:	DWG No.:
Measurement Unit: mm	Height:	Report No.:
Max Banding:	T: Measurement Temperature= °C	

Joint No	Banding	Result		T	Time of Checking	Remark
		Acc.	Rej.			

<b>Remark:</b>
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Quality Control	TPI Inspection	Client
Name:	Name:	Name:
Sign:	Sign:	Sign:
Date	Date	Date: