	Project:		
www.Inspection-for-Industry.com Quality Control Form			
	Client:	Report No.:	
IMPACT TEST REPORT	Contractor:	Date:	
	Ref. Standard:	Page 1 of 1	
	Doc. No.:		

Specimen Type :	Material:
Test Temperature :	Acceptance criteria:

Piece No.	Location	1	2	3	Result

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