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

Item	Section/Km	Weld No.	Pipe No.	Material Receiving No.	Length (m)	Bend Description			Result	Remarks
						Bending Report No.	Angle (Degree)	Bend Orientation		
Technical Comment:										

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