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

Line/Section No.	Weld No.	O.D (in.)	Thk.	Type of Clamp	Removal of Clamp (%)	High- Low (mm)	Fit up Result	Welder (s) ID)		Type of Material/Material Spec.	WPS			Remarks	
Line/Section No.								Ro	ot	Н	ot	Ca	ар	to		No.	heat	Result	iveillai ks
T																			

Technical Comment:

Abbreviation: Acc. : Accept	Rej. : Reject	RC : Re-Cap	NA: Not Applicable	
: For Exampl	e: Pipe / 5L X52	to Flange / A1	05	
	Quality Control		TPI Inspection	Client
Name:			Name:	Name:
Sign:			Sign:	Sign:
Date			Date	Date: