	Project:	
www.Inspection-for-Industry.com Quality Control Form		
	Client:	Report No.:
	Contractor:	Date:
PIPING N.D.T REQUEST	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Location / Area:

ltem	Line No./ Spool No. Section No.	Weld No.	Welder(s) ID			Joint Type	O.D	Thk.	N.D.T Type	Insp.	Remark
			Root	Fill	Сар		(in.)	(mm)		Report No.	

B: Butt Weld, S: Socket Weld, T: Seal Weld (for Threaded Joints), M: Miter						
RT: Radiographic Test, PT: Liquid Penetrant Test, MT: Magnetic Particle Test, UT: Ultrasonic Test						
Quality Control	TPI Inspection	Client				
Name:	Name:	Name:				
Sign:	Sign:	Sign:				
Date	Date	Date:				