



Industrial Equipment Co.

QUALITY CONTROL FORM
“SAMPLE”



Document Name: Inspection & Test Plan (ITP)	
Project Name:	
Subject :	
Document No.:	
FO No. :	
Offer No.:	
Material Code:	Rev.:00

INSPECTION AND TEST PLAN FOR

.....

SAMPLE

Rev.	Date	Description	Contractor QC. Prepared by:
00		Issue for approval	S.M.Hoseini Navid
Pars Saralle Co.		TPI	CLIENT
Name :		Name :	
Date :		Date :	
Sign:		Sign:	



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- H Hold Point (*Activities* which confront this action must be inspected completely and only if they are certified, it's possible to start next activities and it has no time limitation.)
- RD Review Of Document (This action means that the inspector just compares the prepared documents with requirements, announces his opinion, and performing the next activity is not on hold for the verification of the previous activity.)
- RC Random Check (This action means that the inspector does inspect on his own initiative (without any announcement) and performing the next activity is not on hold for the verification of the previous activity.)
- A Approval
- I Information
- NR Not Required
- TPI Third Party Inspection (CC)
- ESB Engineering Supervisory Board
- E Executive
- MOM Minutes Of Meeting
- SW Spot witness with approval (this action means that the output of some processes or activities must be inspected And only if they are certified, it is possible to start next activities but it has time limitations)
- FW Full Witness With Approval (This action means that the output of processes or activities must be inspected and only if they are certified, it is possible to start next activities but it has time limitations.)
- CONTRACTOR PARS SARRALLE CO.
- CLIENT



Document Name: ITP(Inspection & Test Plan)

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Rev.: 00

Item	Activity	Inspection & testing	Specification or Standard	Acceptance Criteria	Record	Inspection By:		
						CONTRACTOR	TPI	CLIENT
1	COORDINATION MEETING& SHOP DRAWING							
1.1	Meeting	Confir	-	-	M.O.M	H		H
1.2	Shop Drawing	100%	ENG.DWG	ENG.DWG	SHOP DWG	H		A
2	MATERIALS CONTROL							
2.1	Steel Plate & Pipe	Dimensional, visual inspection	ASME	ASME	Certificate & Form QC101	H		I
2.1.1	Mechanical Properties /Analyses/Dimensional & Visual Inspection	Manufacture code/Confir	ASME	ASME	Certificate & LAB Report	H		I
2.1.2	Lamination Test	T>25,(50% F&VTPI)	ASTM A578, SPEC.&UT procedure	SPEC.&UT Procedure	Form QC107	RC		I
2.1.3	Material storage	Lay down area			Lay down plan	H		I
2.2	Welding Materials Control	Storage &Oven	SPEC. /Standard (Relevant)	Local Authority	Certificate & Form QC101	H		I
2.3	Coating Materials Control	Each Delivery	SPEC. /Standard (Relevant)	Local Authority	Certificate	H		I
2.4	Other Materials							
2.4.1	Bolt ,Nut ,Washer, ...	* Checking quantities &Quality	SPEC. /Standard (Relevant)	SPEC. /Standard	Certificate / QC 101	H		I
3	WELDING QUALIFICATIONS							
3.1	Welding Procedure Specification (WPS)	...	ASME Sec. IX &Spec	SPEC.& Procedure	Document (WPS)	H		I
3.2	Welders Performance Qualification(WPQ)	Coupon, VT,UT	EN288&Spec.&VT procedure	SPEC.& Procedure	Certificate & ID CARD(QC112&113)	H		I
3.3	Welding Qualification Record (PQR)*	Coupon, VT, RT &Mechanical test	EN288&Spec. &VT procedure	SPEC. & Procedure	Document (PQR)	H		I
4	COORDINATION MEETING							
4.1	Pre Inspection Meeting(PIM)	Min. 1 Time	-	-	M.O.M	H		H
5	FABRICATION							
5.1	Cutting Inspection(Dimensional & Visual)	100%	ISO 13920 & Spec.	DWG & Spec.	QC 102	H		I
5.2	Drilling and Machining Control(Dimensional & Visual)	100%	ISO 13920 & Spec.	DWG & Spec.	QC 102	H		I
5.3	Fit Up Inspection	100%	WPS,DWG & Spec.	WPS,DWG & Spec.	QC102	H		I



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						CONTRACTOR	TPI	CLIENT
5.4	Welding Inspection							
5.4.1	Visual Inspection(VT)	100%	EN 25817&Spec.&VT Procedure & Welding Map	DWG & Spec.	QC103	H		I
5.4.2	Final Dimensional(DT)	100%	ISO 13920 & Spec.	DWG & Spec.	QC102	H		I
5.4.3	None Destructive Test							
5.4.3.1	Magnetic Particles Test(MT)	DWG & NDT Map	Spec & NDT MAP&MT Procedure.	Spec &MT Procedure.	QC104	H		I
5.4.3.2	Penetrant Test(PT)	DWG & NDT Map	Spec & NDT MAP&PT Procedure.	Spec &PT Procedure.	QC 105	H		I
5.4.3.3	Ultrasonic Test (UT) for full penetration	DWG & NDT Map	Spec & NDT MAP&UT Procedure.	Spec &UT Procedure.	QC106	H		I
5.4.3.4	Radiography Test (RT) for full penetration	DWG & NDT Map	Spec & NDT MAP&RT Procedure.	Spec &RT Procedure.	Supplier DOC	H		I
6	PROCESS TEST							
6.1	Hydro test	Spec	Spec	Spec	QC 114	H		I
6.2	Heat treatment	Spec	Spec	Spec	Supplier DOC	H		I
7	COATING INSPECTION							
7.1	Surface Perpetrated Inspection	100%	SPEC/ ISO 8501&Painting Procedure.	as specified	QC108	H		I
7.2	Coating Inspection (Painting)							
7.2.1	Primer Coat	100%	SPEC.& Painting Procedure	as specified	QC108	H		I
7.2.1	Intermediate Coat	100%	SPEC.& Painting Procedure	as specified	QC108	H		I
7.2.1	TOP Coat	100%	SPEC.& Painting Procedure	as specified	QC108	H		I
8	FINAL INSPECTION FOR TRANSPORTING							
8.1	CODDING	100%	SPEC.	SPEC.		H		I
8.2	Quantity Inspection & Release note	100%	QC FORM CLIENT	as specified	QC FORM CLIENT	H		I
9	REVIEW DOCUMENTS							
9.1	Review Final Documents (booklet)	100%	Sub contractor instruction.	as specified	Check list	H		RD
10	PACKING							
10.1	Packing and Inspection and Marking	100%	Manufacture code.	as specified		H		FW



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Item	Activity	Inspection & testing	Specification or Standard	Acceptance Criteria	Record	Inspection By:		
						CONTRACTOR	TPI	CLIENT
11	SHIPPING							
11.1	Shipping Inspection	Manufacturer code order	Specification	as specified		H		FW
12	FINAL BOOK							
12.1	FINAL BOOK	End of fabrication	SPEC.	as specified	Document	H		A

SAMPLE



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SAMPLE

List Of QC Form					
Row	Form No.	Rev	Title of Form	No Of Sheets	Remark
1		00	ITP	6	
2	F/QC-101-00	00	Material control Report	1	
3	F/QC-102-00	00	Dimensional Control	1	
4	F/QC-103-00	00	Welding Visual Inspection	1	
5	F/QC-104-00	00	Magnetic Particles Test (MT) Report	1	
6	F/QC-105-00	00	Liquid Penetrant Test (PT) Report	1	
7	F/QC-106-00	00	Ultrasonic Test (UT) Report	1	
8	F/QC-107-00	00	LAMINATION TEST	1	
9	F/QC-108-00	00	Blasting & Painting Report	1	
10	F/QC-109-00	00	Non Conformance Report (NCR)	1	
11	F/QC-110-00	00	NDT MAP	1	
12	F/QC-111-00	00	WELDER LIST	1	
13	F/QC-112-00	00	WELDER CERTIFICATION	1	
14	F/QC-113-00	00	WELDER ID CARD	1	
15	F/QC-114-00	00	PRESSURE TEST	1	
16		00	WPS	2	
17					



Industrial Equipment Co.

Material Receiving Inspection Report

Report No.:

Date:

Project:

FO No.:

DWG No. :

Standard:

Certificate No.:

Material Code:

Supplier:

Producer:

Type	Size	Qty.	WEIGHT	Material DWG Type	NOTE
Plate <input type="checkbox"/>					
Pipe <input type="checkbox"/>					
UNP <input type="checkbox"/>					
Bar <input type="checkbox"/>					
Square <input type="checkbox"/>					
L <input type="checkbox"/>					
Shaft <input type="checkbox"/>					
IPE <input type="checkbox"/>					
HEA <input type="checkbox"/>					
HEB <input type="checkbox"/>					
Other:					

SAMPLE

Visual Inspection: Acc. Rej.

Ultrasonic Inspection: Acc. Rej.

Report No:

Quantify:

Mechanical Test

Report No:

Tension

Acc.

Rej.

Report No:

Material Type:

Bend

Acc.

Rej.

Report No:

Acc. Rej.

Impact

Acc.

Rej.

Report No:

Comment:

Final Result: Acc. Rej.

QC Department:

Sign:

Date:

*Dimensional,
Hardness, Roughness
Inspection Report*

Report No.:

Page : Of

Date :

Project :

DWG Title :

FO No.:

Cutting & Beveling

Marking

Fit-Up

Machining

Final Component

Confirm

Q.C. Operator

Comment	Acc. NCR	NCR	Acc. Rep.	Acc.	Repair Size	Actual Tol.										Nominal Tol.	Nominal Dim.	No.
						10	9	8	7	6	5	4	3	2	1			
																		A
																		B
																		C
																		D
																		E
																		F
																		G
																		H
																		I
																		J
																		K
																		L
																		M
																		N
																		O
																		P
																		Hardness
																		Roughness

SAMPLE

Comment:

NCR No.:.....

NCR Result: Accept Reject Repair Correcting Doc, DWG According Fit-Up

Final Result: Accept Reject

Contractor Q.C Manager:

Sign :

TPI:

Sign :

Client:

Sign :

Date :

Date :

Date :

Visual Inspection Report

Report No.:

Page: Of

Date:

Project:

DWG Title :

FO No.:

Standard:

Welding Process:

WPS No.:

NDT Plan No.:

Weld Map No.:

Material:

Before Welding

Fit Up: Acc. Reject

Beveling: Acc. Reject

Visual Welding Inspection

No.	Weld No.	Welder No.	Defect	Accept	Reject	After Repair	Comment
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

SAMPLE

Comment:

Contractor Q.C Manager:

Sign:

Date:

TPI:

Sign :

Date :

Client:

Sign:

Date:

**MAGNETIC PARTICLE
EXAMINATION REPORT**

Report No.:

Page: of

Test Date:

Project: _____ **Component:** _____ **Standard:** _____

DWG No. : _____ **Material:** _____ **Welding Process:** _____

Equipment:	Model:	Serial No.:	Powder Type:	Batch No:
Method of Inspection: <input type="checkbox"/> Visible <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wet <input type="checkbox"/> Dry			Surface Preparation : <input type="checkbox"/> Base Metal <input type="checkbox"/> Weld Metal <input type="checkbox"/> Machining	
How Media Applied: <input type="checkbox"/> Continuouse <input type="checkbox"/> True-Continuouse <input type="checkbox"/> Residual <input type="checkbox"/> AC <input type="checkbox"/> DC <input type="checkbox"/> Half-Wave			Post Examination:	
<input type="checkbox"/> Coil <input type="checkbox"/> Prod <input type="checkbox"/> Yoke <input type="checkbox"/> Central Magnetization <input type="checkbox"/> Other :			Demagnetization: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	
Direction of Field: <input type="checkbox"/> Circular <input type="checkbox"/> Longitudinal			Cleaning: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	
			Field Spacing:mm	

No.	Component No.	Part No.	Welder Code	Type of defect	Size	B.R		A.R		Remark
						Acc.	Rej.	Acc.	Rej.	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

SAMPLE

Comment:

Contractor Q.C Manager:	TPI:	Client:
Sign :	Sign :	Sign :
Date :	Date :	Date :

Liquid Penetrant
EXAMINATION REPORT

Report No.:

Page: Of

Date:

Project:

DWG Title :

FO No.:

Standard:

Material:

Welding Process:

Powder Type:

Batch No.:

Post Examination:

Cleaning: Required Not Required

Method of Inspection: Visible Fluorescent Wet Dry

Surface Preparation : Base Metal Weld Metal Machining

No.	Weld No.	Welder Code	Type of defect	Size	B.R		A.R		Remark
					Acc.	Rej.	Acc.	Rej.	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

SAMPLE

Comment:

Contractor Q.C Manager:

Sign :

Date :

TPI:

Sign :

Date :

Client:

Sign :

Date :

ULTRASONIC EXAMINATION REPORT

F/QC-106-00

Report No.:

Page: Of

Test Date:

Project :	Equipment Marker:	Couplant:
DWG No.:	Model & S/N:	Calibration Block: IIW-V1 & V2
Component:	Marker & Type:	Transfer Correction: 2.5 DB
Part:	Frequency/Size:	Screen height Linearity: 1%FSH
Material:	Code Standard:	Amplitude Control Linearity: 1%FSH
Welding process : <input type="checkbox"/> SMAW <input type="checkbox"/> FCAW <input type="checkbox"/> GMAW <input type="checkbox"/> SAW		Groove Type: <input type="checkbox"/> V <input type="checkbox"/> K <input type="checkbox"/> X <input type="checkbox"/> DB <input type="checkbox"/> SB
Surface condition : <input type="checkbox"/> As welded <input type="checkbox"/> As Grinded <input type="checkbox"/> As machined <input type="checkbox"/> As Brushed		Joint Type: <input type="checkbox"/> T <input type="checkbox"/> Butt <input type="checkbox"/> Lap <input type="checkbox"/> Corner
Sensitivity Evaluation Method: <input checked="" type="checkbox"/> RL <input type="checkbox"/> RH <input type="checkbox"/> DAC <input type="checkbox"/> DGS		
Standard Sensitivity From: <input checked="" type="checkbox"/> SDH <input type="checkbox"/> FBH <input type="checkbox"/> Notch Other:		Size: 80%
Examination Method: <input checked="" type="checkbox"/> Contact <input checked="" type="checkbox"/> Pulse-Echo <input type="checkbox"/> Straight Beam <input type="checkbox"/> Immersion <input checked="" type="checkbox"/> Angle Beam <input type="checkbox"/> Trough Transmission		

No.	Component No.	Part No.	Welder Code	Length (mm)	Thickness (mm)	Transducer Angle	From Face	Leg	Decibels				Discontinuity			Discontinuity Evaluation	Remark		
									Indication Level	Reference Level	Attenuation Factor	Indication Rating	Length	Sound Path	Depth From "A" Surface			Distance From	
																		a	b
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
13.																			
14.																			
15.																			
16.																			
17.																			
18.																			
19.																			
20.																			

SAMPLE

Sketch:

Contractor Q.C Manager:	TPI.:	Client:
Sign :	Sign :	Sign :
Date :	Date :	Date :

Lamination

EXAMINATION REPORT

Report No.:

Page: Of

Test Date:

Project :	Equipment Marker:	Couplant:
DWG No.:	Model & S/N:	Calibration Block: IIW-V1 & V2
Component:	Marker & Type:	Transfer Correction: 2.5 DB
Part:	Frequency/Size:	Screen height Linearity: 1%FSH
Material:	Code Standard: ASTM A435	Amplitude Control Linearity: 1%FSH

Sensitivity Evaluation Method: RL RH DAC DGS

Standard Sensitivity From : SDH FBH Notch Other: Size: 80%

Examination Method: Contact Pulse-Echo Straight Beam Immersion Trough Transmission

No.	Component No.	Size (LxWxD)/ØxL (mm)	Discontinuity(mm)				Discontinuity Evaluation	Remarks	
			Size	Sound Path	Depth From Surface	Distance From			
						X			Y
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

SAMPLE

Comment:

Contractor Q.C Manager: Sign: Date:	TPI Rep.: Sign: Date:	Client: Sign: Date:
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Industrial Equipment Co.

Surface & Painting Inspection Report

Report No.:

Date:

Page:

Project: FO No.: Standard: Interior Surface

DWG Title: Component: Piece No.: Exterior Surface

Grade of Preparation	Type of Preparation	Piece Temp.	Environment Temp.	%Humidity	(Working Condition)	Surface Preparation
					(Inspection)	
					Production Unit	
					Q.C. Unit	

Painting	Layer No.	Painting Code & Producer	Nominal Thick.	Actual Thick.	Environment Temp.	%Humidity	Date
	First						
	Second						
	Third						
	Forth						
	Fifth						

Comment:

SAMPLE

Final Result: Accepted Rejected

Contractor Q.C Manager: Sign :	TPI: Sign :	Client: Sign :
Date :	Date :	Date :



Industrial Equipment Co.

Non-Conformity Report

Report No.:

Page : Of

Date:

Project :

DWG Title :

FO No.:

Cutting & Beveling

Marking

Fit Up

Welding

Machining

Final Component

Sand Blast

Painting

Design Unit

Quality Team Report

Other
Failed
According Fit Up
Repair
Correct DWG
Accepted

Judgment

Process

No.

SAMPLE

Judgment Sign:
Date:

Repair Spec.:

Contractor Q.C Manager:

Sign :

Date :

TPI:

Sign :

Date :

Client:

Sign :

Date :

NDT Test Planning

Form No.:

Date:

Page:

Project:

FO No.:

No.	Drawing No.	Description of weld detail	WELD EVALUATION			KIND & EXTENT OF NDT						
			FILLET	CJP	PJP	VT%	PT%	MT%	UT%	RT%	LT%	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

SAMPLE

Contractor QC. Manager:

Sign:

Date:

Client:

Sign:

Date:

Welders Qualification Summary List

Date:

Page:

ROW	Welder's Name	Certificate No.	ID Card No.	Range of approval					Date of Qualification	Valid to
				Process(es)	Material Group	Position	Type of weld	Thickness		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

SAMPLE

Contractor QC. Manager:
Sign:

Date:

Client:
Sign:

Date:

Welder Approval Test Certification

Designation(s):

Welder's name:

Date of birth:

Place of birth:

Identification:

Welder's symbol / Stamp:

Welder's Pic.

Employer:

WPS No.:

Job knowledge:

Variables	Test piece	Range of Approval
Welding process(es)		
Product Type		
Type of weld		
Parent metal group(s)		
Welding consumable(s)		
Shielding gas(es)		
Auxiliaries (e.g. backing gas)		
Material thickness (mm)		
Outside pipe diameter(mm)		
Welding position		
Weld details		

Type of test	Performed and accepted	Not required
Visual Inspection		
Radiographic Test		
Ultrasonic Test		
Fracture Testing		
Bend Test		
Impact Test		
Macroscopic Test		

Examiner :

Date of Welding :

Date of Issue :

Valid to :

Examiner:

Authorized Inspection:

Confirmation of the validity by employer/welding coordinator for the following 6 month

Date	Signature	Position or title

Prolongation for qualification by examiner or examining body for the following 2 years

Date	Signature	Position or title

SAMPLE

PROCESS	Pipe/Plate	METAL GROUP	Filler Metal	THICKNESS LIMITATION	POSITIONS

 **Pars Sarralle**
Industrial Equipment Co.

Welding Certification Card

F/QC-113-00:

Certification No:

Welder Name:

ID No:

Date of Birth:

WELD INSTRUCTOR/INSPECTOR:

EXP. DATE:

Pressure Test Report

Report No.:

Date:

FO No.:

Project :

DWG TITLE:

DWG No.:

Test Parameters

Type of test:

Hydrostatic

Pneumatic

Required Test Pressure:

Test Fluid:

Test Starting Time:

Actual Test Temperature:

Test Ending Time:

Actual Holding Time:

Test Equipment

Type:

Range:

Actual Test Pressure:

Calibration Date:

Result

Inspection

Satisfactory

Unsatisfactory

Pressure Test

Satisfactory

Unsatisfactory

Remark:

Manufacture Manager:

Sign :

QC. Department:

Sign :

TPI:

Sign :

Date :

Date :

Date :



**Welding Procedure Specification
(WPS)
ASME Sec IX (2010)**

Client:	Contractor: PARS SARRALLE	Name of Project:
WPS No.:	Revision No.: 00	Date:
Supporting PQR No.:	Revision No.:	Date:
Welding Process		Type
<input type="checkbox"/> SMAW <input type="checkbox"/> GMAW <input type="checkbox"/> GTAW <input type="checkbox"/> SAW Other:		<input type="checkbox"/> Manual <input type="checkbox"/> Semi Auto. <input type="checkbox"/> Automatic

Joints

Backing	Backing Material (Type)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Nonmetallic <input type="checkbox"/> Non fusing Metal <input type="checkbox"/> Other

Joint Design

SAMPLE

Base Metals

Specification type and grade	Specification type and grade
TO	
Thickness Range	
TO	

Filler Metals

	Root Pass	Other Passes
Welding Process		
Spec. No.		
AWS No.		
F-No		
A-No		
Filler Metal Size (mm)		
Electrode-Flux(Class):	Flux Trade Name:	
Consumable Insert:		
Other:		

**Welding Procedure Specification
(WPS)
ASME Sec IX (2010)**

Position	Post weld Heat Treatment(PWHT)
Position of Groove:	Temperature Range:
Position of Fillet:	Time Range:
Welding Progression : <input type="checkbox"/> Up <input type="checkbox"/> Down	

Preheat	Shielding Gas			
Preheat temp, Min: °C	Process	Gas	Mixture	Flow Rate
Inter pass Temp. Max.: °C	GMAW			
Preheat Maintenance: °C				

Electrical Characteristics	
Current AC or DC:	Polarity:
Amps (Range):	Volts (Range):
Tungsten Electrode Size and Type:	
Mode of Metal Transfer of GMAW: Short-Circuiting <input type="checkbox"/> Globular <input type="checkbox"/> Spray <input type="checkbox"/>	
Electrode Wire Feed Speed Range:	

Technique
String or Weave Bead:
Orifice or Gas Cup Size:
Initial and Inter pass Cleaning (Brushing, Grinding, etc.):
Method of Back Gouging:
Oscillation:
Multiple or Single Pass (Per Side):
Multiple or Single Electrode:
Travel Speed (Range):
Peening:

Weld Layer(s)	Process	Filler Metal		Current		Volt Range	Travel Speed Range
		Class	Dia.	Type Polarity	Amp Range		
Root Pass							
Other Passes							

Prepared by: *S.M.HOSEINI NAVID*