	PROJECT	Standby SRU & Additional Tanks IOCL Paradip Refinery		
	CLIENT	INDIAN OIL CORPORATION LIMITED		
QCP-STATIC EQUIPMENT INSTALLATION	Project No. 080557C001	Document No. 080557C -000-QCP-6820-001	Rev. No. 0	Page 1 of 4

<h2 style="margin: 0;">QUALITY CONTROL PLAN</h2> <h3 style="margin: 0;">STATIC EQUIPMENT INSTALLATION</h3>
--



TYPE OF QUALITY CONTROL REPORT	CERTIFICATION EXTENT
CM01A, CM01B, CM02, CM03, TK 140	SINGLE REPORT FOR EACH ITEM
CW 58	SINGLE REPORT FOR EACH RELEASED GROUP OF ITEMS
SS 100	SILO FABRICATION AND RELEASE

REFERENCE DOCUMENTS:

- 080557C-000-PP-814 Welding Specification for Fabrication of Piping
- 080557C-000-PP-807 Material Receiving, Inspection, Handling, Storage & Preservation
- 080557C-000-PP-804 Specification for Positive Material Identification at Construction Site.
- 080557C-000-QCP-1399-002 Piping Welding Activities Management (NDE / PWHT / HT /PMI Included)
- 080557C-000-QCP-1399-001 Welders Management
- 080557C-000-JSC-1300-001 Standard Specification for Fabrication and Erection of Piping
- 080557C-000-JSD-2300-001 Specification for Painting
- 080557C-000-JSD-2200-001 Job Specification for Hot Insulation of Vessels, Piping and Equipment
- 080557C-000-JSD-2200-002 Job Specification for Cold Insulation of Vessels, Piping and Equipment
- 080557C-000-PP-820 Standard specification for inspection, flushing and testing of piping systems.
- 080557C-000-PP-821 Job Construction specification for Welder Management
- Drawings

0	14.11.2019	ISSUED FOR IMPLEMENTATION	TB	PKP/LA	LA	JMC
REV.	DATE	STATUS	WRITTEN BY	CHECKED BY	APPROVED BY	AUTHOR. BY
DOCUMENT REVISIONS						

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QCP-STATIC EQUIPMENT INSTALLATION	Project No. 080557C001	Document No. 080557C-000-QCP-6820-001	Rev. No. 0	Page 2 of 4

LEGENDA

H	=	HOLD (RFI required - Work stop for inspection)
W	=	WITNESS (RFI required)
WC	=	100 % SUPERVISION AND EXAMINATION BY CONTRACTOR.
P	=	PREPARATION
S	=	SURVEILLANCE (No RFI)
R	=	REVIEW OF REPORTS
N.A.	=	NOT APPLICABLE
A	=	AUTHORIZATION / APPROVAL
IFA	=	ISSUED FOR AUTHORIZATION/APPROVAL
INFO	=	FOR INFORMATION
!	=	WARNING (control of document revision status)



GENERAL NOTES

- 1 THE ENCLOSED ITP'S ARE INDICATIVE AND SHALL BE FOLLOWED FOR DEVELOPING THE JOB SPECIFIC ITP'S FOR THE WORKS TO BE PERFORMED BY THE CONTRACTOR. THE PROVISIONS INDICATED FOR STAGE WISE INSPECTION BY TECHNIP AND OWNER (FOR SPECIFIC ACTIVITIES) ARE THE MINIMUM AND THE ENGINEER-IN- CHARGE MAY DECIDE TO INCREASE HOLD POINTS/ WITNESS POINTS, WHILE APPROVING THE JOB SPECIFIC ITP'S. ACTIVITIES FOR WHICH ITP'S ARE NOT PROVIDED IN THIS SPECIFICATION. CONTRACTOR TO DEVELOP AND GET THE SAME APPROVED BY TECHNIP/OWNER BEFORE START OF THE WORK. IN GENERAL ROLE OF TECHNIP HAS BEEN SPECIFIED IN THE DOCUMENT THE ROLE OF OWNER TO BE SPECIFIED DURING PREPARATION OF SITE SPECIFIC ITP'S.
- 2 CONTRACTOR TO SUBMIT JOB SPECIFIC REPORTING FORMATS AND JOB PROCEDURES FOR THE JOBS FOR EACH ACTIVITY LISTED IN THE ITP'S AND SUBMIT TO TECHNIP/OWNER FOR APPROVAL. BEFORE COMMENCEMENT OF THE ACTIVITY. IF THE CONTRACTOR HAS TO DEVIATE FROM THE GIVEN ITP FOR A VALID REASON, HE SHALL OBTAIN PRIOR WRITTEN APPROVAL OF TECHNIP/OWNER. CONTRACTOR TO CARRY OUT 100% EXAMINATION OF ALL ACTIVITIES.

 		PROJECT	Standby SRU & Additional Tanks IOCL Paradip Refinery		
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QCP-STATIC EQUIPMENT INSTALLATION		Project No. 080557C001	Document No. 080557C-000-QCP-6820-001	Rev. No. 0	Page 3 of 4
S.NO	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTOIN		NOTES
			CONTR.	TECHNIP	
A)	PRELIMINARY ACTIVITIES				
A.1	CONTRACTOR DRAWINGS CHECK REVISION STATUS	N.A.	!	!	
A.2	CONTRACTOR TECHNICAL SPECIFICATIONS AND PROCEDURES	N.A.	!	!	
A.3	CONTRACTOR METHOD STATEMENT & ENGINEERED LIFTING STUDY	N.A.	P	A	(1)
B)	BEFORE ERECTION				
B.1	MATERIAL MAINTENANCE CARD				(2)
B.2	MATERIAL RELEASED AND CONSERVATION STATUS				(3)
B.3a	EQUIPMENT FOUNDATION CHECK	CM 01A	WC	W/R	
B.3b	STEEL STRUCTURE SUPPORT CHECK	CM 01B	WC	R	(4)
B.4	NAMEPLATE CHECK	CM 01A / CM 01B	WC	R/S	
C)	INSTALLATION ON FOUNDATION				
C.1	SHIMS INSTALLATION AND PROPER CHIPPING CHECK	CM 01A	WC	W/R	
C.2	EQUIPMENT ERECTION ON FOUNDATION	CM 01A	WC	W/R	
C.3	POSITIONING CHECK:				
C.3a	VERTICAL EQUIPMENT	CM 02 – CM 01A	WC	W	
C.3b	HORIZONTAL EQUIPMENT	CM 03 – CM 01A	WC	W	
C.4	ANCHOR BOLTS THIGHTENING BEFORE GROUTING	CM 01A	WC	W/R	
C.5	GROUTING AUTHORIZATION	CW 58 – CM 01A	WC	A	(5)
C.6	ANCHOR BOLTS THIGHTENING AFTER GROUTING	CM 01A	WC	S	
C.7	VISUAL CHECK OF INTERNALS INSTALLED AT SHOP (INCLUDING BOLTS TIGHTENING IF ANY)	CM 01A	WC	W/R	
C.8	INSIDE VISUAL INSPECTION	CM 01A	WC	W/R	(7)
D)	INSTALLATION ON STEEL STRUCTURES				
D.1	SHIMS INSTALLATION (IF NECESSARY)	CM 01B	WC	S	
D.2	POSITIONING CHECK:				
D.2a	VERTICAL EQUIPMENT	CM 02 – CM 01B	WC	W/R	
D.2b	HORIZONTAL EQUIPMENT	CM 03 – CM 01B	WC	W/R	
D.3	BOLTS (CONNECTING EQUIPMENT AND STEEL STRUCTURE) THIGHTENING	CM 01B	WC	S	

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 		PROJECT	Standby SRU & Additional Tanks IOCL Paradip Refinery		
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QCP-STATIC EQUIPMENT INSTALLATION		Project No. 080557C001	Document No. 080557C-000-QCP-6820-001	Rev. No. 0	Page 4 of 4
S.NO	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTOIN		NOTES
			CONTR.	TECHNIP	
D.4	SEAL WELDING EXECUTION (IF REQUIRED)	CM 01B	WC	S	(5)
D.5	SEAL WELDING CHECK (IF REQUIRED)	CM 01B	WC	S	(6)
D.6	VISUAL CHECK OF INTERNALS INSTALLED AT SHOP (INCLUDING BOLTS TIGHTENING IF ANY)	CM 01B	WC	W/R	
D.7	INSIDE VISUAL INSPECTION	CM 01B	WC	W/R	(7)
E)	HYDROSTATIC TEST FOR SHOP ASSEMBLED TANKS ONLY				
E.1	TANK WATER FILLING & SETTLEMENT	TK 140 – CM 01A / CM 01B	WC	W	
E.2	LEAKAGE VISUAL CHECK	TK 140 – CM 01A / CM 01B	WC	W	
E.3	WATER DRAINING & TANK CLEANING	CM 01A / CM01B	WC	W/R	
F	SITE FABRICATED VESSELS (If any)		W		
F.1	FABRICATION COMPLETION	SS 100	WC	S	
F.2	FINAL CHECK AND RELEASE	SS 100	WC	A	
G)	FINAL DOCUMENTATION REVIEW	CM 01A / CM 01B			

- NOTES:
- (1) A COPY OF THE DOCUMENT WILL BE DELIVERED TO OWNER FOR INFORMATION.
 - (2) "MATERIAL MAINTENANCE CARD" (IF ANY) WILL BE DELIVERED BY CONTRACTOR WAREHOUSEMAN TO CONTRACTOR SITE TOGETHER WITH THE RELEVANT MACHINERY. MACHINERY MAINTENANCE ACTIVITIES (BEFORE AND AFTER INSTALLATION) SHALL BE RECORDED.
 - (3) FORMS, INSPECTIONS AND ATTENDANCE SHALL BE IN ACCORDANCE WITH REFERRED QCP.
 - (4) THE POSITION OF STEEL STRUCTURE SUPPORT HOLES SHALL BE CHECKED AND RECORDED.
 - (5) GROUTING AUTHORIZATION REPORTS WILL BE ALWAYS AVAILABLE DURING THE CONSTRUCTION BUT NOT INCLUDED IN THE CONSTRUCTION QUALITY DOSSIER.
 - (6) SEAL WELDING SHALL BE APPLIED BETWEEN CHECKERED PLATES AND SOLID PLATFORMS UNDER EQUIPMENT.
 - (7) SHALL BE EXECUTED THE VISUAL CHECK AND, IF REQUIRED, THE LIQUID PENETRANT EXAMINATION.

		PROJECT:		
		COMPANY:		
QUALITY CONTROL FORM CM 01A		PROJ. No.:		SH. 1 OF 1
EQUIPMENT INSTALLATION ON FOUNDATION SUMMARY REPORT		CONTRACTOR:		

ITEM _____	VESSEL <input type="checkbox"/>	HEAT EXCHANGER <input type="checkbox"/>
MATERIAL _____	COLUMN <input type="checkbox"/> <input type="checkbox"/>
VENDOR _____	HORIZONTAL <input type="checkbox"/>	VERTICAL <input type="checkbox"/>
DRAWING & REV. _____ AREA _____ SYSTEM _____		

INSPECTIONS (Ref. to QCP 6820.01)		N.A.	ACC.	REMARKS/ REFERENCES	INSPECTOR SIGNATURE & DATE		
					CONT.	TECHNIP	OWNER
B.3a	EQUIPMENT FOUNDATION CHECK	<input type="checkbox"/>	<input type="checkbox"/>				
B.4	NAMEPLATE CHECK	<input type="checkbox"/>	<input type="checkbox"/>				
C.1	SHIMS INSTALLATION AND PROPER CHIPPING CHECK	<input type="checkbox"/>	<input type="checkbox"/>				
C.2	EQUIP. ERECTION ON FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>				
C.3	POSITIONING CHECK:						
C.3a	VERTICAL EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	CM 02 (*)			
C.3b	HORIZONTAL EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	CM 03 (*)			
C.4	ANCHOR BOLT TIGHTENING BEFORE GROUTING	<input type="checkbox"/>	<input type="checkbox"/>				
C.5	GROUTING AUTHORIZATION	<input type="checkbox"/>	<input type="checkbox"/>	CW 58 (*)			
C.6	ANCHOR BOLT TIGHTENING AFTER GROUTING	<input type="checkbox"/>	<input type="checkbox"/>				
C.7	VISUAL CHECK OF INTERNALS INSTALLED AT SHOP (INCLUDING BOLTS TIGHTENING IF ANY)	<input type="checkbox"/>	<input type="checkbox"/>				
C.8	INSIDE VISUAL INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>				
E.1	TANK WATER FILLING & SETTLEMENT	<input type="checkbox"/>	<input type="checkbox"/>	TK 140 (*)			
E.2	LEAKAGE VISUAL CHECK	<input type="checkbox"/>	<input type="checkbox"/>	TK 140 (*)			
E.3	WATER DRAINING & TANK CLEANING	<input type="checkbox"/>	<input type="checkbox"/>				

NOTES: (*) THE QC REPORTS N° SHALL BE INDICATED IN THE RELEVANT HERE BELOW SPACES :
 CM 02 N°_____ CM 03 N°_____ CW 58 N°_____ TK 140 N°_____

F) FINAL DOC. REVIEW	INSPECTORS	CONTRACTOR	TECHNIP	OWNER
	NAME			
	SIGNATURE			
	DATE			

		PROJECT:																																																																																																																													
		COMPANY:																																																																																																																													
QUALITY CONTROL FORM CM 01B		PROJ. No.:		SH. 1 OF 1																																																																																																																											
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" rowspan="2">INSPECTIONS (Ref. to QCP 6820.01)</th> <th rowspan="2">N.A.</th> <th rowspan="2">ACC.</th> <th rowspan="2">REMARKS/ REFERENCES</th> <th colspan="3">INSPECTOR SIGNATURE & DATE</th> </tr> <tr> <th>CONT.</th> <th>TECHNIP</th> <th>OWNER</th> </tr> </thead> <tbody> <tr> <td>B.3b</td> <td>STEEL STRUCTURE SUPPORT CHECK</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B.4</td> <td>NAMEPLATE CHECK</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.1</td> <td>SHIMS INSTALLATION</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.2</td> <td>POSITIONING CHECK:</td> <td></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>D.2a</td> <td>VERTICAL EQUIPMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CM 02 (*)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.2b</td> <td>HORIZONTAL EQUIPMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CM 03 (*)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.3</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.4</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.5</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.6</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.7</td> <td>INSIDE VISUAL INSPECTION</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E.1</td> <td>TANK WATER FILLING & SETTLEMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TK 140 (*)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E.2</td> <td>LEAKAGE VISUAL CHECK</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TK 140 (*)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E.3</td> <td>WATER DRAINING & TANK CLEANING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					INSPECTIONS (Ref. to QCP 6820.01)		N.A.	ACC.	REMARKS/ REFERENCES	INSPECTOR SIGNATURE & DATE			CONT.	TECHNIP	OWNER	B.3b	STEEL STRUCTURE SUPPORT CHECK	<input type="checkbox"/>	<input type="checkbox"/>					B.4	NAMEPLATE CHECK	<input type="checkbox"/>	<input type="checkbox"/>					D.1	SHIMS INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>					D.2	POSITIONING CHECK:							D.2a	VERTICAL EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	CM 02 (*)				D.2b	HORIZONTAL EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	CM 03 (*)				D.3		<input type="checkbox"/>	<input type="checkbox"/>					D.4		<input type="checkbox"/>	<input type="checkbox"/>					D.5		<input type="checkbox"/>	<input type="checkbox"/>					D.6		<input type="checkbox"/>	<input type="checkbox"/>					D.7	INSIDE VISUAL INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>					E.1	TANK WATER FILLING & SETTLEMENT	<input type="checkbox"/>	<input type="checkbox"/>	TK 140 (*)				E.2	LEAKAGE VISUAL CHECK	<input type="checkbox"/>	<input type="checkbox"/>	TK 140 (*)				E.3	WATER DRAINING & TANK CLEANING	<input type="checkbox"/>	<input type="checkbox"/>				
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PROJECT:

COMPANY:

QUALITY CONTROL FORM

CM02

PROJ. No.:

SH. 1 OF 1

**VERTICAL EQUIPMENT
POSITIONING CHECK**

CONTRACTOR:

ITEM _____
MATERIAL _____
VENDOR _____
DRAWING & REV. _____

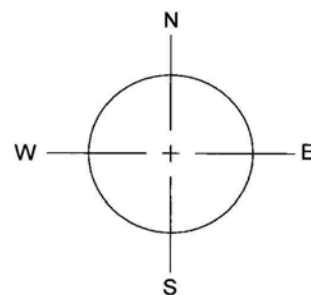
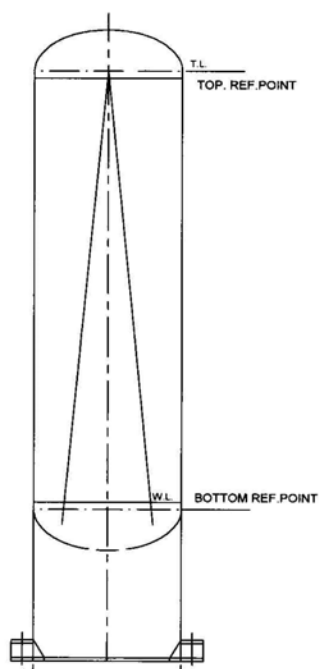
EQUIPMENT _____
M/R _____
AREA _____
SYSTEM _____

1. LOCATION _____
2. ORIENTATION _____
3. ELEVATION _____

VERTICALITY

AXIS	DEVIATION (mm)	SIDE
N - S		E <input type="checkbox"/>
		W <input type="checkbox"/>
W - E		N <input type="checkbox"/>
		S <input type="checkbox"/>

N = NORTH S = SOUTH
E = EAST W = WEST



EQUIPMENT SKETCH

REMARKS:

TEST RESULT: ACCEPTED ☐

INSPECTORS	CONTRACTOR	TECHNIP	OWNER
NAME			
SIGNATURE			
DATE			



PROJECT:

COMPANY:

QUALITY CONTROL FORM

CM03

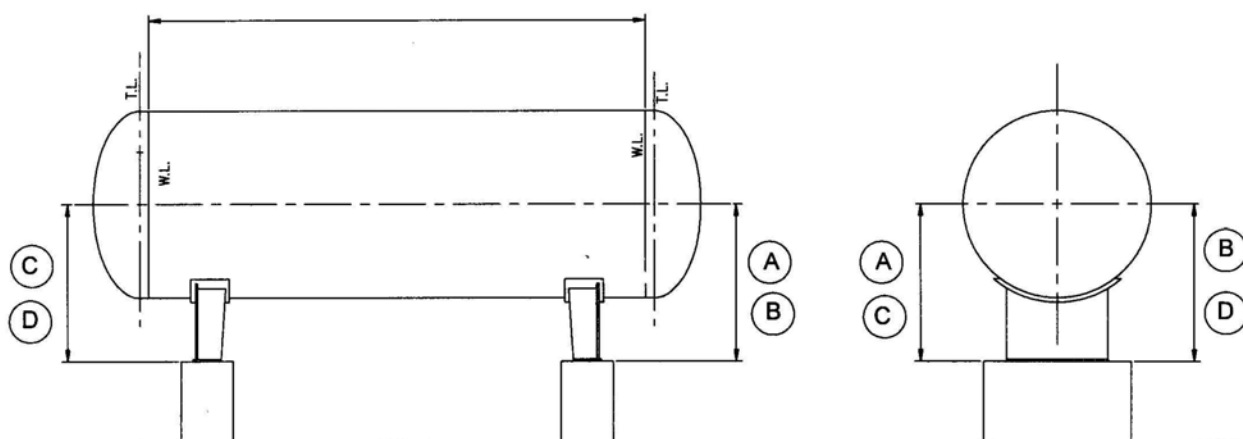
PROJ. No.:

SH. 1 OF 1

**HORIZONTAL EQUIPMENT
POSITIONING CHECK**

CONTRACTOR:

ITEM _____ EQUIPMENT _____
 MATERIAL _____ M/R _____
 VENDOR _____ AREA _____
 DRAWING & REV. _____ SYSTEM _____



EQUIPMENT SKETCH

LOCATION & ORIENTATION _____ SLOPE _____ %
 ELEVATION _____ SLOT HOLES POSITION _____

AXIS CHECK

HORIZONTALITY ⁽¹⁾ (L= LEFT, R=RIGHT)			LEVELLING ⁽¹⁾		
SIDE	FRONT	REAR	LONGITUDINAL	TRANSVERSAL	TOLERANCE
L	(A) =	(C) =	(A) – (C) =	(A) – (B) =	IN <input type="checkbox"/> OUT <input type="checkbox"/>
R	(B) =	(D) =	(B) – (D) =	(C) – (D) =	IN <input type="checkbox"/> OUT <input type="checkbox"/>

REMARKS:

(1) Equipment horizontality and verticality check can be executed by adequate level positioned on nozzles' flanges.

TEST RESULT: ACCEPTED ☐

INSPECTORS	CONTRACTOR	TECHNIP	OWNER
NAME			
SIGNATURE			
DATE			



PROJECT:

COMPANY:

QUALITY CONTROL FORM

CW 58

PROJ. No.:

QCF REV. 0

SH. 1 OF 1

GROUTING AUTHORIZATION REPORT

CONTRACTOR:

CW 58 N° _____

STEEL STRUCTURES ☐STATIC EQUIPMENT ☐ROTATING MACHINERY ☐_____ ☐**ITEMS TO BE GROUTED**

_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____

_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____
_____	AREA	_____

RELEASED BY_____
MECHANICAL
CONTRACTOR_____
DATE_____
TECHNIP_____
DATE

REMARKS:

RECEIVED BY_____
CIVIL
CONTRACTOR_____
DATE_____
TECHNIP_____
DATE**TECHNIP INDIA LIMITED**

		PROJECT:																													
		COMPANY:																													
QUALITY CONTROL FORM SS 100		PROJ. No.:		SH. 1 OF 1																											
FABRICATION REPORT		CONTRACTOR:																													
<div style="display: flex; justify-content: space-between;"> <div> ITEM _____ MATERIAL _____ VENDOR _____ DRAWING & REV. _____ </div> <div> VESSEL <input type="checkbox"/> COLUMN <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> AREA _____ </div> <div> HEAT EXCHANGER <input type="checkbox"/> <input type="checkbox"/> VERTICAL <input type="checkbox"/> SYSTEM _____ </div> </div>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" rowspan="2">INSPECTIONS (Ref. to QCP 6820.01)</th> <th rowspan="2">N.A.</th> <th rowspan="2">ACC.</th> <th rowspan="2">REMARKS/ REFERENCES</th> <th colspan="3">INSPECTOR SIGNATURE & DATE</th> </tr> <tr> <th>CONT.</th> <th>TECHNIP</th> <th>OWNER</th> </tr> </thead> <tbody> <tr> <td>F.1</td> <td>FABRICATION COMPLETION</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F.2</td> <td>FINAL CHECK AND RELEASE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					INSPECTIONS (Ref. to QCP 6820.01)		N.A.	ACC.	REMARKS/ REFERENCES	INSPECTOR SIGNATURE & DATE			CONT.	TECHNIP	OWNER	F.1	FABRICATION COMPLETION	<input type="checkbox"/>	<input type="checkbox"/>					F.2	FINAL CHECK AND RELEASE	<input type="checkbox"/>	<input type="checkbox"/>				
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F) FINAL DOC. REVIEW	INSPECTORS		CONTRACTOR	TECHNIP	OWNER																										
	NAME																														
	SIGNATURE																														
	DATE																														



COMPANY:

TK 140

SH. 1 OF 1

CONTRACTOR:

TK 140 N° _____

AREA: _____

SYSTEM: _____

TEST WATER CERTIFICATE: _____

	Bottom Course Thickness	Tank Portion	Max Filling Rate (mm/hour)	Filling Rate (mc/hour)
<input type="checkbox"/>	Less than 22 mm	Top Course	300 mm/hour
		Below top course	450 mm/hour
<input type="checkbox"/>	22 mm and more	Top third of tank	225 mm/hour
		Middle third of tank	300 mm/hour
		Bottom third of tank	450 mm/hour

[illegible]

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INSPECTORS	CONTRACTOR	TECHNIP	OWNER
NAME			
SIGNATURE			
DATE			