

 	PROJECT	Standby SRU & Additional Tanks IOCL Paradip Refinery		
	CLIENT	INDIAN OIL CORPORATION LIMITED		
MATERIAL MANAGEMENT AND WAREHOUSE	Project No. 080557C001	Document No. 080557C-000-QCP-0000-001	Rev. No. A	Page 1 of 3
QUALITY CONTROL PLAN MATERIAL MANAGEMENT AND WAREHOUSE				

TYPE OF QUALITY CONTROL REPORT	CERTIFICATION EXTENT
RK 0018, RK 0019, RK 0025, RK 0027	MATERIAL RECEIPT REPORTS & IRREGULARLY / DAMAGE REPORTS
QC 08 – QC 09	FOR EACH SHIPPING
QC 04 & QC 05	FOR EACH ITEM
QC 22	LOGBOOK
LB F004	SUPPLY LOGBOOK

REFERENCE DOCUMENTS:

- 080557C-000-PP-805 SITE CO-ORDINATION & COMMUNICATION PROCEDURE
- 080557C-000-PP-807 JOB SPECIFICATION FOR MATERIAL RECEIVING, INSPECTION, HANDLING, STORAGE& RESERVATION
- 080557C-000-PP-804 STANDARD SPECIFICATION FOR POSITIVE MATERIAL IDENTIFICATION AT CONSTRUCTION SITES
-
- DRAWINGS



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)

A	19/10/2019	ISSUED FOR INFROMATION	SMP	PKP	LA/ANJ	JMC
REV	DATE	DESCRIPTION	PREPARED	CHECKED	APPROVED	AUTHORIZED

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CONFIDENTIAL – Not to disclose without Authorization

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QUALITY CONTROL PLAN



MATERIAL MANAGEMENT AND WAREHOUSE

QUALITY CONTROL ACTIVITIES

Nr.	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTION		NOTES
			CONTRACT.	TECHNIP	
A)	BEFORE MATERIAL ARRIVAL				
A.1	ISSUE OF FORECAST MATERIAL LIST TO ENGINEERING IN CHARGE	By Contractor	P	R	(1)
A.2	EXPEDITING OF NEEDED MATERIAL ACCORDING TO CONSTRUCTION SCHEDULE	N.A.	WC	S	(1)
B)	AT MATERIAL ARRIVAL				
B.1	ISSUE OF A DAILY MATERIALS RECEIVING REPORT	RK 0019	P	R	
B.2	MATERIAL RECEIVING CHECKING	QC 08 & QC 09	WC	W / R	(2)
	- DOCUMENT VERIFICATION - DIMENSIONAL CHECK -SIZE, RATING, PRESSURE RAING, TYPE, ETC - SHIPPING DATA - MATERIAL IDENTIFICATION - GENERAL APPEARANCE				(5)
B.3	JOB-SITE RECEIVING REPORT	RK 0018	P	W/R	
B.4	IRREGULAR MATERIAL				
B.4.1	IRREGULAR MATERIAL SUPPLY REPORT	RK 0025	P	R	(2)
B.4.2	MATERIAL SEGREGATION	N.A.	WC	S	
B.4.3	IRREGULAR MATERIAL SUPPLY LOGBOOK	LB F004	P	R	(1)
B.4.4	NON-CONFORMITY REPORT ISSUED & RESOLUTION	NC FE	WC	R	(3)
B.5	PIPING MATERIAL TRACEABILITY	QC 22	WC	S	
B.6	WAREHOUSE DOCUMENTATION FILE	N.A.	P	R	
C)	WAREHOUSING				
C.1	INDOOR/OUTDOOR STORAGE SELECTION & RECOMMENDATION AS PER SPECIFICATION & APPROVED PROCEDURE	N.A.	P	R	
C.2	VENDOR STORAGE RECOMMENDATION	N.A.	WC	R	
C.3	ACCESSORIES DESCRIPTION & WAREHOUSE LOCATION	QC 05	WC	S	
C.4	ON-OFF VALVES WAREHOUSING	N.A.	WC	S	
D)	MATERIALS PROTECTION / MAINTENANCE DURING STORAGE & CONSTRUCTION	QC 04	WC	S	(4)

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- NOTES:
- (1) AT CARE OF THE MATERIAL MANAGER
 - (2) CONTRACTOR SITE QC MANAGER OR DISCIPLINE SUPERVISOR AND OWNER INSPECTOR WILL BE CALLED FOR CRITICAL ITEMS ONLY
 - (3) AT CARE OF THE SITE QC MANAGER
 - (4) FIRST ON SITE PRESERVATION SHALL BE WITNESS INSPECTION FOR PMC AND OWNER.
 - (5) 10% DIMENSIONAL CHECKS OF EACH SIZE, PRESSURE RATING AND TYPE OF PIPE FITTINGS AT SITE BY THE CONSULTANT AND SURPRISE CHECKS BY THE OWNER

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.

**OWNER:****LB F004****PROJ. No.:**

REV. A

SH. 1 OF 1

[illegible]

**OWNER:**

RK 0018

REV. A

SH. 1 OF 1

DATE.....



No.....

IN CASE OF DAMAGED PACKING UPON RECEIPT PLEASE SPECIFY:

VENDOR, ORDER, CARRIER, NUMBER OF DAMAGED PACKAGES, DETAILED DESCRIPTION OF DAMAGE AND PROVIDE PHOTOGRAPHIC DOCUMENTATION OF IT:



REVIEWED/ACKNOWLEDGED by (Name and Signature)



OWNER /PMC REPRESENTATIVE



 		PROJECT:		
		OWNER:		
QUALITY CONTROL FORM RK 0019		PROJ. No.:	REV. A	SH. 1 OF 1
SITE RECEIPT REPORT				
Shipping Agent	Date of materials reception	N° of RK0019	Report issue date	N. of Report
Vendor		Carrier		
Means of transport	Port	Shipping document		
Order	MR	Delivery		Vendor Documents
		Partial	Complete	Disptach bill
Date		<input type="checkbox"/>	<input type="checkbox"/>	Date
DESCRIPTION OF MATERIALS		MATERIALS QUANTITY		
		UNIT OF MEASURE	STATED ON DOCUMENTS	RECEIVED
Shipping contract ref. Parking fee for means of transport Condition of materials received <input type="checkbox"/> Good <input type="checkbox"/> Damaged Quantity of materials received <input type="checkbox"/> Excess <input type="checkbox"/> Missing Quality Control Manufacturing Dossier present <input type="checkbox"/> Yes <input type="checkbox"/> No				Irregular Material supply report N: _____ Date _____
The following sentence applies to all people signing this document: I declare to have received the above materials in the aforementioned quantities, to have inspected same and found them in compliance with the Packing List and in good order. _____				
PREPARED BY (name and signature) CONTRACTOR WAREHOUSE SUPERVISOR	CHECKED BY (name and signature) CONTRACTOR MATERIAL MANAGER	APPROVED BY (name and signature) CONTRACTOR SITE MANAGER	REVIEWED / ACKNOWLEDGED BY (name and signature) NAME : OWNER /PMC REPRESENTATIVE	



[illegible]

		PROJECT:	
		OWNER:	
QUALITY CONTROL FORM RK 0027		PROJ. No.:	REV. A
DAMAGE REPORT (MATERIAL / EQUIPMENT)		NUMBER _____	DATE _____
REF. FIELD WAREHOUSE IRREGULAR MATERIAL SUPPLY REPORT Nr. _____ ISSUED ON _____			
MR/ITEM _____			
DESCRIPTION OF DAMAGE _____ _____ _____ _____ _____			
PACKING LIST INCLUDED WITH SHIPMENT: YES _____ NO _____ PACKAGE BROKEN: YES _____ NO _____ DAMAGE WAS: Obvious _____ concealed _____ At Factory _____ During Transport _____ During Handling _____			
REQUIRED ACTIONS DAMAGE CAN BE REPAIRED: YES _____ NO _____ Don't Know _____ Mfrs. Guarantee Affected: YES _____ NO _____ Don't Know _____ DAMAGE CAN BE REPAIRED BY FIELD: YES _____ NO _____ MAT'L REQUIRED FOR REPAIR: YES _____ NO _____ Est. Direct Costs for Repair: Mat'l _____ Labor _____ Replacement Mat'l to be Purchased by Field _____ H.O. _____ Repair must be made immediately to maintain const. schedule: YES _____ NO _____ If repair not urgent must be completed by (date): _____ Vendor contacted: YES _____ NO _____ Name _____ Location _____ If Yes, By Phone _____ Wire _____ Telex _____ Telefax _____ Letter _____ DO NOT PROCEED WITH REPAIRS UNTIL AUTHORIZED BY HEAD OFFICE _____ OTHER COMMENTS: _____ _____ _____ ATTACH TO THIS REPORT PHOTOGRAPHS OF DAMAGED MATERIALS _____			
PREPARED BY (Name and Signature) _____ CONTRACTOR DISCIPLINE SUPERVISOR	CHECKED BY (Name and Signature) _____ CONTRACTOR MATERIAL MANAGER	APPROVED BY (Name and Signature) _____ CONTRACTOR SITE MANAGER	REVIEWED ? ACKNOWLEDGED BY (Name and Signature) NAME : _____ OWNER / PMC REPRESENTATIVE

 		PROJECT:				
QUALITY CONTROL FORM		QC 04a		OWNER:		
MATERIAL MAINTENANCE CARD (INSPECTION RECORD – PAGE 1)		PROJ. No.:		REV. A	SH. 1 OF 2	
		INSPECTION REPORT - MMC				
GENERAL DATA						
ITEM	_____	TYPE	_____	_____		
MR	_____	MFR	_____	_____		
P.L.	_____	OPEN PACK	_____	_____		
LUBRICANTS						
LUBE PART	LUBRICANT		CHARGE/QUANTITY		REPLACE	
	TYPE	BRAND	1ST	BEFORE PRECOM.	INTERVAL	QUANTITY
ROUTINE INSPECTION LIST			INSPECTION TIME	REMARKS		
INSPECTORS	CONTRATOR	TECHNIP	OWNER			
NAME						
SIGNATURE						
DATE						

 		PROJECT:			
QUALITY CONTROL FORM QC 04b		OWNER:			
MATERIAL MAINTENANCE CARD (INSPECTION RECORD – PAGE 2)		PROJ. No.:		REV. A	SH. 2 OF 2
		INSPECTION REPORT - MMC			
GENERAL DATA					
ITEM _____		TYPE _____			
POS	DESCRIPTION	MAINTENANCE INSPECTION ACTIVITY			REMARKS
		DATE	SUB- CONTRACTOR	CONTRACTOR DISCIPLINE SUPERVISOR	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

 			PROJECT:		
QUALITY CONTROL FORM QC 05			OWNER:		
ITEM ACCESSORIES LIST (WAREHOUSING ACTIVITY)			PROJ. No.:		REV. A
			SH. 1 OF 1		
			IAL _____		
GENERAL DATA					
ITEM _____ TYPE _____ MR/MFR _____ P.L. _____ OPEN PACKAGE DATE: _____ P.L. _____ _____ OPEN PACKAGE DATE: _____ WAREHOUSE _____ LOCATION _____					
POS.	DESCRIPTION	QUANTITY	POS.	DESCRIPTION	QUANTITY
1.			14.		
2.			15.		
3.			16.		
4.			17.		
5.			18.		
6.			19.		
7.			20.		
8.			21.		
9.			22.		
10.			23.		
11.			24.		
12.			25.		
13.			26.		
INSPECTORS		CONTRATOR		TECHNIP	
NAME					
SIGNATURE					
DATE					

 		PROJECT:	
		OWNER:	
QUALITY CONTROL FORM	QC 08	PROJ. No.:	REV. A
MATERIAL RECEIVING CHECKLIST			SH. 1 OF 1
DESCRIPTION			
P.LIST _____		JRR _____	
01. SHIPPING DATA: <ul style="list-style-type: none"> COMPONENTS/LOOSE COMPONENTS QUANTITY/DESCRIPTION MATCH WITH P.O./M.R. <input type="checkbox"/> PACKAGES /LOOSE COMPONENTS PHYSICAL ASSESSMENT OF QUANTITY/DESCRIPTION MATCH WITH PACKING LIST <input type="checkbox"/> SPECIAL WAREHOUSING AND HANDLING INSTRUCTIONS ARE ATTACHED <input type="checkbox"/> 			
02. DOCUMENTS VERIFICATION: <ul style="list-style-type: none"> REVIEW AND ENDORSEMENT W.R.T IRN / MTC / TC / LAB TESTS REPORTS <input type="checkbox"/> TC VERIFICATION W.R.T IRN / SPEC. / QAP, ETC., <input type="checkbox"/> CHECK FOR VENDOR / SOURCE APPROVAL <input type="checkbox"/> REVIEW OF FIELD TEST REPORTS / TEST REPORTS IF APPLICABLE <input type="checkbox"/> ENDORSEMENT ON IMIR <input type="checkbox"/> 			
03. MATERIAL IDENTIFICATION: <ul style="list-style-type: none"> SAMPLING FOR FIELD TESTS / TESTS FROM APPROVED LABORATORIES, IF APPLICABLE <input type="checkbox"/> COMPONENTS/LOOSE COMPONENTS ARE PROPERLY IDENTIFIED/ STAMPED /TAGGED <input type="checkbox"/> EQUIPMENT/MACHINERY ACCESSORIES/INTERNALS ARE PROPERLY IDENTIFIED <input type="checkbox"/> HEAT / BATCH / TAG NO. MENTIONED ON THE MATERAILS <input type="checkbox"/> PIPING: RATING/SIZE/ CODE <input type="checkbox"/> PIPING: COLOUR CODE APPLIED <input type="checkbox"/> MOTORS/TRANSFORMER PANEL: PROPERLY TAGGED <input type="checkbox"/> SITE IDENTIFICATION MARK ON MATERIAL <input type="checkbox"/> CORRECTION OF M.C.T. W.R.T. HEAT NOS. / BATCH NO. / LOT NO. <input type="checkbox"/> 			
04. GENERAL & APPEARANCE: <ul style="list-style-type: none"> SHIPPING PROTECTION/PACKAGE INTEGRITY <input type="checkbox"/> VISUAL INSPECTION & CERTIFICATION FOR PHYSICAL DAMAGE OR CONTAMINATION <input type="checkbox"/> MACHINED SURFACES ARE NOT DAMAGED AND ARE PROPERLY COATED <input type="checkbox"/> FLANGE FACES ARE NOT DAMAGED AND ARE PROPERLY COATED <input type="checkbox"/> INERT GAS PURGED EQUIPMENT - PRESSURE IS STILL APPLIED <input type="checkbox"/> DESSICANTS ARE LOST OR DAMAGED <input type="checkbox"/> WET PROOF CONDITION <input type="checkbox"/> PLUG/CAPS ARE IN PLACE <input type="checkbox"/> EXTERNAL PAINTING: SCRATCHES OR RUSTED AREA <input type="checkbox"/> LUBRICATED EQUIPMENTS: CHECK LUBRICANT AND LEVEL <input type="checkbox"/> ROTARY MACHINED: TAPPED OPENINGS IN STUFFING BOXES AND GLAND PLATES ARE SEALED <input type="checkbox"/> FILLER MATERIAL: PACKAGE INTEGRITY <input type="checkbox"/> PAINTING: EXPIRING DATE <input type="checkbox"/> SPECIAL REQUIREMENT IF ANY <input type="checkbox"/> 			
NOTE: This checklist is only for warehouse-keeper reference. Discipline Supervisor and QC Inspector shall inspect the material according to MR/Drawings & Job Specifications.			



PROJECT:

OWNER:

QUALITY CONTROL FORM

QC 09

PROJ. No.:

QCF REV. 0

SH. 1 OF 1

INCOMING MATERIAL INSPECTION REPORT

UPDATED TO:

QC 22 N° _____

Contractor :

Work order No. :

Unit :

P.O. No. & Date :

Name Of Work :

Job No. :

L.R.No. :

Si. No.	SOR Item No.	Material Description / Tag No.	Date of Receipt	Qty. Received	Qty. Accepted	Manufacturer / Vendor	MTC No. / IRN No. With Date / Field, Lab Test, etc.,	Heat / Batch No.	Ref. Invoice / Challan No.	PAGE N°

INSPECTORS	CONTRATOR	TECHNIP	OWNER
NAME			
SIGNATURE			
DATE			

[illegible]