

<div>TechnipFMC</div> <div> IndianOil</div>		PROJECT	Standby SRU & Additional Tanks  IOCL Paradip Refinery		
		CLIENT	INDIAN OIL CORPORATION LIMITED		
QCP-PIPING PREFABRICATION	Project No. 080557C001	Document No. 080557C-000-QCP-1310-001		Rev. No. A	Page 1 of 4

## QUALITY CONTROL PLAN

### PIPING PREFABRICATION

TYPE OF QUALITY CONTROL REPORT	CERTIFICATION EXTENT
W 12/A	SINGLE REPORT PER EACH MATERIAL
W 31A – W 31B – QC 13	SUMMARY
QC 15	SINGLE REPORT PER EACH SHIPPING RELEASE
W 10 – W 50	SINGLE REPORT PER EACH ISOMETRIC
W 01 – W 02 – W03 – W04 – W 24 – QC 21	SINGLE REPORT PER EACH EXAMINATION



#### REFERENCE DOCUMENTS:

- 080557C-PP-805 Site Coordination & Communication Procedure.
- 080557C-PP-814 Welding Specification for Fabrication of Piping
- 080557C-PP-807 Material Receiving, Handling & Storage procedure
- 080557C-PP-804 Positive Material Identification at Site
  
- QCP 1399.02 Piping Welding Activities Management (NDE / PWHT / HT / PMI Included)
- QCP 1399.01 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-PP-820 Standard specification for inspection, flushing and testing of piping systems.
- 080557C-PP-821 Equipment Construction specification for Welder Management
  
- Drawings

A	21.10.2019	ISSUED FOR INFORMATION	SMP	PKP	LA/ANJ	JMC
REV	DATE	DESCRIPTION	PREPARED	CHECKED	APPROVED	AUTHORIZED



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 		PROJECT	Standby SRU & Additional Tanks	
		CLIENT	IOCL Paradip Refinery	
QCP-PIPING PREFABRICATION		Project No. 080557C001	Document No. 080557C-000-QCP-1310-001	Rev. No. A
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#### LEGENDA

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

 	<b>PROJECT</b>		<b>Standby SRU &amp; Additional Tanks</b>		
	<b>CLIENT</b>		<b>IOCL Paradip Refinery</b>		
<b>QCP-PIPING PREFABRICATION</b>	<b>Project No.</b> 080557C001	<b>Document No.</b> 080557C-000-QCP-1310-001		<b>Rev. No.</b> A	Page 3 of 4

S.No.	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTION		NOTES
			CONTR.	TECHNIP	
<b>A)</b>	<b>PRELIMINARY ACTIVITIES</b>				
A.1	CONTRACTOR DRAWINGS CHECK REVISION STATUS	N.A.	!	!	
A.2	CONTRACTOR TECHNICAL SPECIFICATION AND PROCEDURE	N.A.	!	!	
<b>B)</b>	<b>BEFORE PREFABRICATION</b>				
B.1	INCOMING MATERIAL		WC	W/S	
B.2	SHOP APPROVAL	N.A.	WC	R	
B.3	WELDERS MANAGEMENT	Use QCP 1399.01			(2)
B.4	WELDING, NDT/ PMI/PWHT/HT MANAGEMENT	Use QCP 1399.02			(2)
B.5	MATERIALS APPROVAL	W 12/A	WC	A	(1)
B.6	ISOMETRIC SPOOLING	W 50	WC	R	
B.7	MATERIAL RELEASED AND CONSERVATION STATUS	W 50	WC	W/R	
<b>C)</b>	<b>PREFABRICATION</b>				
C.1	PIPES SECTIONING & MATERIAL MARKING / STAMP TRANSFERING	W 50	WC	S	
C.2	ASSEMBLY & TACK WELDS(FIT UP)	W 50	WC	S	
C.3	WELDING	W 10 – W 50	WC	S	
C.4	GRINDING OF ORIFICE FLANGES ROOT WELDS	W 31A – W 50	WC	S	
C.5	PNEUMATIC TEST FOR REINFORCING PADS	W 31B – W 50	WC	W	
C.6	MATERIAL TRACEABILITY	W 10 – W 50	WC	R	
C.7	DIMENSIONAL CHECK	QC 13 – W 50	WC	R/S	
C.8	NDE / PMI / PWHT / HT EXECUTION & TRACEABILITY				
C.8.1	WELDING DAILY PROGRESS & VISUAL EXAMINATION	W24 - W50	WC	R	
C.8.2	PMI EXECUTION (where required)	QC21 - W50	WC	W/R	
C.8.3	PWHT CHART RECORDS (where required)	W 50	WC	R	

 	<b>PROJECT</b>		<b>Standby SRU &amp; Additional Tanks</b>	
	<b>CLIENT</b>		<b>IOCL Paradip Refinery</b>	
<b>QCP-PIPING PREFABRICATION</b>	<b>Project No.</b> 080557C001	<b>Document No.</b> 080557C-000-QCP-1310-001	<b>Rev. No.</b> A	Page 4 of 4



S.No.	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTION		NOTES
			CONTR.	TECHNIP	
C.8.4	HARDNESS TEST EXECUT. (where required)	W 50	WC	W/R	
C.8.5	LIQUID PENETRANT EXAM. (where required)	W03 - W50	WC	W/R	
C.8.6	MAGNETIC PARTIC. EXAM. (where required)	W04 - W50	WC	W/R	
C.8.7	RAD. EXAM. FILM REVIEW (where required)	W01 - W50	WC	R	
C.8.8	ULTRASONIC EXAM. (where required)	W02 – W50	WC	W	
C.8.9	NDE / PMI / PWHT / HT TRACEABILITY	W 10 – W 50	WC	R	
C.9	SHOTBLAST & PAINTING (IF REQUESTED TO PIPING PREFABRICATOR ONLY)				(2)
C.10	SPOOLS IDENTIFICATION AND SHIPPING RELEASE	QC 15 – W 50	WC	R/S	
C.11	FINAL DOCUMENTATION REVIEW	W 50			

NOTES: (1) A COPY OF THE DOCUMENT WILL BE DELIVERED TO COMPANY FOR INFORMATION.

(2) FORMS, INSPECTIONS AND ATTENDANCE SHALL BE IN ACCORDANCE WITH REFERRED QCP.

#### GENERAL NOTES

- 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.
- 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:				
					COMPANY:				
QUALITY CONTROL FORM					QC 13		PROJ. No.:	QCF REV. A	SH. ___ OF ___
PREFABRICATION DIMENSIONAL CHECK REPORT					CONTRACTOR:				QC 13 N° ____
N°	REFERENCE DRAWING				SPOOL		DIMENSIONAL CHECK		NOTES
	ISOMETRIC	SH.	REV.	AREA	N°	TOTAL N° x ISO	ACCEP.	EXTRA LENGTH (Y / N)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
REMARKS:									
INSPECTORS		CONTRACTOR			PMC			OWNER	
NAME									
SIGNATURE									
DATE									

<b>TechnipFMC</b> <b>IndianOil</b>					PROJECT:				
					COMPANY:				
QUALITY CONTROL FORM <b>QC 15</b>					PROJ. No.:	QCF REV. A	SH. ___ OF ___		
<b>SPOOLS SHIPPING RELEASE</b>					CONTRACTOR:			QC 15 N° ____	
N°	REFERENCE DRAWING				SPOOLS EXPEDITING DATA				NOTES
	ISOMETRIC	SH	REV.	AREA	TO BE SHIPPED NR. (1)	MISSING NR. (2)	COMPLETE SHIPMENT	PARTIAL SHIPMENT	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
SHIPPING:    AUTHORIZED <input type="checkbox"/>					REMARKS:				
NOTE (1) = IDENTIFIED SPOOLS TO BE SHIPPED NOTE (2) = IDENTIFIED MISSING SPOOLS									
<b>INSPECTORS</b>		<b>CONTRACTOR</b>			<b>PMC</b>			<b>OWNER</b>	
NAME									
SIGNATURE									
DATE									





COMPANY:

SH. 2 OF       

## QC 21 N° \_\_\_\_\_

[illegible]

**TEST RESULT:** ACCEPTABLE ☐

NOT ACCEPTABLE ☐

REMARKS:

## INSPECTORS

**CONTRACTOR**

**PMC**



**OWNER**

NAME \_\_\_\_\_



**SIGNATURE**



DATE \_\_\_\_\_



 		PROJECT:		
		COMPANY:		
QUALITY CONTROL FORM (NDE-01) <b>W 01</b>		PROJ. No.:	QCF REV. A	SH. 1 OF 2
<b>RADIOGRAPHIC TEST REPORT (REQUIREMENTS)</b>		CONTRACTOR:		<b>W 01 N°</b> _____
APPLICABLE CODES/SPEC'S • ASME V ART 2 <input type="checkbox"/> • <input type="checkbox"/>		ACCEPTANCE CRITERIA • <input type="checkbox"/> • <input type="checkbox"/>		
FIELD OF APPLICATION		MATERIAL	SURFACE FINISH	
• PIPING <input type="checkbox"/> • TANKS/ SILOS <input type="checkbox"/> • EQUIPMENT <input type="checkbox"/>	• WELDING <input type="checkbox"/> • RAW MATERIAL <input type="checkbox"/> • <input type="checkbox"/>	• C.S/LOW ALLOY <input type="checkbox"/> • S.S/NI ALLOY <input type="checkbox"/> • TI <input type="checkbox"/>	• BEFORE PWHT <input type="checkbox"/> • AFTER PWHT <input type="checkbox"/> • AFTER HYDR. TEST <input type="checkbox"/>	
SOURCE		FILMS	PENETRAMEters	
• X-RAY <input type="checkbox"/> • γ-RAY: • Ir 192 <input type="checkbox"/> • Co. 60 <input type="checkbox"/>	• TYPE _____ • BRAND _____ • SINGLE SPOT <input type="checkbox"/> • 360° EMISSION <input type="checkbox"/> KV _____	• TYPE _____ • BRAND _____ • 10 X 48 <input type="checkbox"/> 10 X 24 <input type="checkbox"/> • SINGLE <input type="checkbox"/> • DOUBLE <input type="checkbox"/>	• DIN <input type="checkbox"/> • ASME <input type="checkbox"/> • TYPE _____ • QUANTITY _____ • SOURCE SIDE <input type="checkbox"/> FILM SIDE <input type="checkbox"/>	
SENSITIVITY	DENSITY	UNSHARPNESS	PARAMETERS	
• DIN _____ % • ASME _____ • SINGLE WALL <input type="checkbox"/> • DOUBLE WALL <input type="checkbox"/>	• REQUIRED _____ • RANGE _____ • SINGLE FILM <input type="checkbox"/> • DOUBLE FILM <input type="checkbox"/>	• GEOM UNSHARP _____ MAX • FOCAL SPOT _____ • MINIMUM FOCUS/ FILM DIST.	VOLTAGE _____KV MIN.EXPOSURE _____ MAX MIN DEVELOP TIME _____MIN DEVELOP TEMP _____°C	
EXPOSURE ARRANGMENT	TECHNIQUE	REMARKS:		
• SOURCE INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/>  • FILM INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/>	• WALL SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/>  • IMAGE SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/>			
<b>INSPECTORS</b>	<b>CONTRACTOR</b>	<b>PMC</b>	<b>OWNER</b>	
NAME				
SIGNATURE				
DATE				

[illegible]

 		PROJECT:	
		COMPANY:	
<b>QUALITY CONTROL FORM (NDE-02)      W 02</b>		PROJ. No.:	QCF REV. A      SH. ____ OF ____
<b>ULTRASONIC TEST REPORT</b>		CONTRACTOR:	<b>W 02 N° _____</b>
APPLICABLE CODES/SPEC'S • ASME V ART 4 <input type="checkbox"/> • <input type="checkbox"/>		ACCEPTANCE CRITERIA • <input type="checkbox"/> • <input type="checkbox"/>	
FIELD OF APPLICATION			
• PIPING <input type="checkbox"/> • TANKS/ SILOS <input type="checkbox"/> • EQUIPMENT <input type="checkbox"/>	• BEVEL <input type="checkbox"/> • 1 <sup>ST</sup> PASS <input type="checkbox"/> • BACK GOUGING <input type="checkbox"/>	• FINAL PASS <input type="checkbox"/> • OVERLAY <input type="checkbox"/> • RAW MATERIAL <input type="checkbox"/>	• <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
MATERIAL		INSPECTION STAGE	
• C.S. <input type="checkbox"/> • TI <input type="checkbox"/> • S.S. <input type="checkbox"/>	• LOW ALLOY <input type="checkbox"/> • HASTELLOY <input type="checkbox"/> • <input type="checkbox"/>	• BEFORE PWHT <input type="checkbox"/> • AFTER PWHT <input type="checkbox"/> • AFTER HYD. TEST <input type="checkbox"/>	• <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
SURFACE CONDITION			
• AS WELDED <input type="checkbox"/> • AS GROUND <input type="checkbox"/> • AS ROLLED <input type="checkbox"/> • AS CAST <input type="checkbox"/>	• BRUSHED <input type="checkbox"/> • AS FORGED <input type="checkbox"/> • AS MACHINED <input type="checkbox"/> • AS BENT <input type="checkbox"/>	• <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>	TEMPERATURE _____ STEP _____
INSPECTION METHOD			
• STRAIGHT BEAM <input type="checkbox"/> • ANGLE BEAM SEARCH UNIT <input type="checkbox"/> • SINGLE TRANSDUCER <input type="checkbox"/> • LONGITUDINAL WAVES <input type="checkbox"/>	• TRANSVERSE WAVES <input type="checkbox"/> • TANDEM METHOD <input type="checkbox"/> • SEARCH UNIT (TR) DUAL TRANSDUCER <input type="checkbox"/> • <input type="checkbox"/>	• BACK REFLECTION mm _____ <input type="checkbox"/> • SIDE DRILLED HOLE mm _____ <input type="checkbox"/> ∅ mm _____ • FLAT BOTTOM HOLE mm _____ <input type="checkbox"/> ∅ mm _____ • <input type="checkbox"/>	
COUPLANT			
• OIL <input type="checkbox"/>	• TYLOSE PASTE <input type="checkbox"/>	• WATER <input type="checkbox"/>	
REF. CALIBRATION EQUIPMENT BLOCKS METHOD		SCANNING DIRECTION & RESULTS	
<b>INSPECTORS</b>	<b>CONTRACTOR</b>	<b>PMC</b>	<b>OWNER</b>
NAME			
SIGNATURE			
DATE			

 		PROJECT:	
		COMPANY:	
QUALITY CONTROL FORM (NDE-03) <b>W 03</b>		PROJ. No.:	QCF REV. A
<b>LIQUID PENETRANT TEST REPORT (REQUIREMENTS)</b>		CONTRACTOR:	W 03 N° _____
APPLICABLE CODES/SPEC'S • ASME V ART 6 <input type="checkbox"/> • <input type="checkbox"/>		ACCEPTANCE CRITERIA • <input type="checkbox"/> • <input type="checkbox"/>	
FIELD OF APPLICATION			
• PIPING <input type="checkbox"/> • TANKS/ SILOS <input type="checkbox"/> • EQUIPMENT <input type="checkbox"/>	• BEVEL <input type="checkbox"/> • 1 <sup>ST</sup> PASS <input type="checkbox"/> • BACK GOUGING <input type="checkbox"/>	• FINAL PASS <input type="checkbox"/> • OVERLAY <input type="checkbox"/> • RAW MATERIAL <input type="checkbox"/>	• <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
MATERIAL		INSPECTION STAGE	
• C.S. <input type="checkbox"/> • TI <input type="checkbox"/> • S.S. <input type="checkbox"/>	• LOW ALLOY <input type="checkbox"/> • HASTELLOY <input type="checkbox"/> • <input type="checkbox"/>	• BEFORE PWHT <input type="checkbox"/> • AFTER PWHT <input type="checkbox"/> • AFTER HYD. TEST <input type="checkbox"/>	• <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
INSPECTION METHOD			
TYPE	PENETRANT	DEVELOPPER	LIGHTING
• COLOUR CONTRAST <input type="checkbox"/> • FLUORESCENT <input type="checkbox"/>	• WATER WASHABLE <input type="checkbox"/> • POST EMUL. <input type="checkbox"/> • SOLVENT <input type="checkbox"/> • TYPE <input type="checkbox"/> • BRAND _____	• DRY <input type="checkbox"/> • WET <input type="checkbox"/> • BRAND _____	NATURAL <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> ULTRAVIOLET <input type="checkbox"/>
PRECLEANING	REMOVABLE	CLEANER	TIME
• GRINDING <input type="checkbox"/> • MACHINING <input type="checkbox"/> • SOLVENT <input type="checkbox"/>	• BRUSH <input type="checkbox"/> • SPRAY. <input type="checkbox"/>	• TYPE <input type="checkbox"/> • CLOTHS <input type="checkbox"/> • BRUSHY <input type="checkbox"/>	PENETRATION _____ DEVELOPPING _____ MAX READING _____
PRECLEANING	REMOVABLE		
• WATER <input type="checkbox"/> • ALCOHOL <input type="checkbox"/>	• DIPPING <input type="checkbox"/> • SPRAY. <input type="checkbox"/>	• SPRAY <input type="checkbox"/> • BRAND _____	
<b>INSPECTORS</b>	<b>CONTRACTOR</b>	<b>PMC</b>	<b>OWNER</b>
NAME			
SIGNATURE			
DATE			



PROJECT:

COMPANY:

## QUALITY CONTROL FORM (NDE-03)

**W 03**

PROJ. No.:

QCF REV. A

SH. 2 OF 2

# LIQUID PENETRANT TEST REPORT

CONTRACTOR:

W 03 N° \_\_\_\_\_

- ☐ WATER WASHABLE ☐ POST EMULSIFYING
- ☐ SOLVENT REMOVABLE ☐ .....

[illegible]

		PROJECT:	
		COMPANY:	
QUALITY CONTROL FORM (NDE-04) <b>W 04</b>		PROJ. No.:	QCF REV. A
<b>MAGNETIC PARTICLE TEST REPORT</b>		CONTRACTOR:	<b>W 04 N°</b> _____
APPLICABLE CODES/SPEC'S • ASME V ART 7 <input type="checkbox"/> • OTHER <input type="checkbox"/>		ACCEPTANCE CRITERIA • <input type="checkbox"/> • <input type="checkbox"/>	
<b>FIELD OF APPLICATION</b>			
• PIPING <input type="checkbox"/> • TANKS/SILOS <input type="checkbox"/> • EQUIPMENT <input type="checkbox"/>	• BEVEL <input type="checkbox"/> • 1ST PASS <input type="checkbox"/> • BACK GOUGING <input type="checkbox"/>	• FINAL PASS <input type="checkbox"/> • OVERLAY <input type="checkbox"/> • RAW MATERIAL <input type="checkbox"/>	• <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
<b>MATERIAL</b>		<b>INSPECTION STAGE</b>	
• C.S. <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>	• LOW ALLOY <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>	• BEFORE PWHT <input type="checkbox"/> • AFTER PWHT <input type="checkbox"/> • AFTER HYD. TEST <input type="checkbox"/>	• <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
<b>INSPECTION METHOD</b>			
<b>MAGNETIZATION</b>	<b>PARTICLE</b>	<b>COLOUR</b>	<b>SUSPENSION</b>
• PRODS CONTACTS Cu <input type="checkbox"/> Sb <input type="checkbox"/> MAX DIST. _____	• DRY <input type="checkbox"/> • WET <input type="checkbox"/> • BRAND _____	• GRAY <input type="checkbox"/> • FLUORESCENT <input type="checkbox"/> • <input type="checkbox"/>	• OIL <input type="checkbox"/> • WATER <input type="checkbox"/>
	<b>CURRENT TYPE</b>	<b>LIGHTING</b>	<b>METHOD</b>
• YOKE FIXED LEGS <input type="checkbox"/> ARTICULAT.LEGS <input type="checkbox"/> MAX DIST. _____	• HALF WAVE RECTIFIED <input type="checkbox"/> • ALTERNATING <input type="checkbox"/>	• NATURAL <input type="checkbox"/> • ARTIFICIAL <input type="checkbox"/> • ULTRAVIOLET <input type="checkbox"/>	• CONTINUOUS <input type="checkbox"/> • RESIDUAL <input type="checkbox"/> • PULSES <input type="checkbox"/>
	<b>AMPERAGE FIELD</b>	<b>DEMAGNETIZATION</b>	<b>PRECLEANING</b>
• COIL <input type="checkbox"/> BRAND _____	AMP _____ FIELD _____	YES <input type="checkbox"/> NO <input type="checkbox"/> RESIDUAL	• BRUSHING <input type="checkbox"/> • <input type="checkbox"/>
REMARKS:			
<b>INSPECTORS</b>	<b>CONTRACTOR</b>	<b>PMC</b>	<b>OWNER</b>
NAME			
SIGNATURE			
DATE			



PROJECT:

COMPANY:

## QUALITY CONTROL FORM (NDE-04)

W 04

PROJ. No.:

QCF REV. A

SH. 2 OF 2

# MAGNETIC PARTICLE TEST REPORT

CONTRACTOR:

W 04 N° \_\_\_\_\_

9

PRODS

1

☐ POWDER

1

DRY

1

WET



1

FLUORESCENT

[illegible]





 		PROJECT:	
		COMPANY:	
QUALITY CONTROL FORM <b>W 12/A</b>		PROJ. No.:	QCF REV. A
<b>CONSTRUCTION MATERIALS APPROVAL</b>		CONTRACTOR:	<b>W 12/A N°</b> _____
CIVIL <input type="checkbox"/>	PIPING <input type="checkbox"/>	MACHINERY <input type="checkbox"/>	INSULATION <input type="checkbox"/>
BLDG. <input type="checkbox"/>	MECHANIC. <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>	STEEL STR. <input type="checkbox"/>
NDT <input type="checkbox"/>	SUPPORT PRF. <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
1. MATERIALS			
2. SUPPLIER			
3. PURPOSE			
4. ATTACHMENT DATA			
5. TYPE OF TEST PERFORMED			
6. TEST STANDARD UTILIZED			
REMARKS:			
RESULT:		ACCEPTED <input type="checkbox"/>	NOT ACCEPTED <input type="checkbox"/>
<b>INSPECTORS</b>	<b>CONTRACTOR</b>	<b>PMC</b>	<b>OWNER</b>
NAME			
SIGNATURE			
DATE			



COMPANY:

PROJ. No.:	QCF REV. A	SH. ____ OF ____
------------	------------	------------------

CONTRACTOR: **W 24 N°** \_\_\_\_\_

[illegible]

<b>INSPECTORS</b>	<b>CONTRACTOR</b>	<b>PMC</b>	<b>OWNER</b>
NAME			
SIGNATURE			
DATE			



COMPANY:

**W 31A**

SH.      OF     

## W 31A N° \_\_\_\_\_

## REFERENCE

REV.

## ORIFICE FLANGES IDENTIFICATION



## NOTES

☐

REMARKS:

**OWNER**

DATE \_\_\_\_\_

 		PROJECT:		
		COMPANY:		
QUALITY CONTROL FORM <b>W 31B</b>		PROJ. No.:	QCF REV. A	
<b>REINFORCING PADS PNEUMATIC TEST REPORT</b>		CONTRACTOR:	SH. ___ OF ___ <b>W 31B N° ____</b>	
<p align="center"><b>REINFORCING PADS – PNEUMATIC TEST</b></p> <p>TEST MEDIUM _____ TEST PRESSURE _____ barg</p>				
REFERENCE			REINFORCING PAD IDENTIFICATION	NOTES
LINE / ISO N°	SH.	REV.		
TEST RESULT:                      ACCEPTED <input type="checkbox"/>				
REMARKS:				
<b>INSPECTORS</b>	<b>CONTRACTOR</b>	<b>PMC</b>	<b>OWNER</b>	
NAME				
SIGNATURE				
DATE				

		PROJECT:					
		COMPANY:					
<b>QUALITY CONTROL FORM</b> <b>W 50</b>		PROJ. No.:	QCF REV. A	SH. ____ OF ____			
<b>PIPING PREFABRICATION SUMMARY REPORT</b>		CONTRACTOR:		W 50 N° ____			
ISOMETRIC/DRAWING N° _____ SH. ____ OF ____ REV. _____ AREA _____ SYSTEM _____							
INSPECTIONS (REF. TO QCP 1310.01)		N.A.	ACC.	REMARKS/ REFERENCES	INSPECTORS SIGNATURE & DATE		
					CONTR.	TECHNIP	OWNER
B.6	ISOMETRIC SPOOLING	<input type="checkbox"/>	<input type="checkbox"/>				
B.7	MATERIAL RELEASED AND CONSERVATION STATUS	<input type="checkbox"/>	<input type="checkbox"/>				
C.1	PIPES SECTIONING & MATERIAL MARKING / STAMP TRANSFERING	<input type="checkbox"/>	<input type="checkbox"/>				
C.2	ASSEMBLY & TACK WELDS	<input type="checkbox"/>	<input type="checkbox"/>				
C.3	WELDING	<input type="checkbox"/>	<input type="checkbox"/>	W 10 (*)			
C.4	GRINDING OF ORIFICE FLANGES ROOT WELD	<input type="checkbox"/>	<input type="checkbox"/>	W 31A (**)			
C.5	PNEUMATIC TEST FOR REINFORCING PADS	<input type="checkbox"/>	<input type="checkbox"/>	W 31B (**)			
C.6	MATERIAL TRACEABILITY	<input type="checkbox"/>	<input type="checkbox"/>	W 10 (*)			
C.7	DIMENSIONAL CHECK	<input type="checkbox"/>	<input type="checkbox"/>	QC 13 (**)			
C.8.1	WELDING DAILY PROGRESS & VISUAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	W 24 (**)			
C.8.2	PMI EXECUTION	<input type="checkbox"/>	<input type="checkbox"/>	QC 21 (**)			
C.8.3	PWHT CHART RECORDS	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor Report (**)			
C.8.4	HARDNESS TEST EXECUTION	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor Report (**)			
C.8.5	LIQUID PENETRANT EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	W 03 (**)			
C.8.6	MAGNETIC PARTICLE EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	W 04 (**)			
C.8.7	RADIOGRAPHIC EXAM. FILM REVIEW	<input type="checkbox"/>	<input type="checkbox"/>	W 01 (**)			
C.8.8	ULTRASONIC EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	W 02 (**)			
C.8.9	NDE / PMI / PWHT / HT TRACEABILITY	<input type="checkbox"/>	<input type="checkbox"/>	W 10 (*)			
C.10	SPOOLS IDENTIFICATION AND SHIPPING RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	QC 15 (**)			
NOTES: (*) W 10 HAS THE SAME N° OF THE ISOMETRIC (**) THE QC REPORTS N° SHALL BE INDICATED IN THE RELEVANT HERE BELOW SPACES : W31A N° ____ W31B N° ____ QC13 N° ____ W24 N° ____ QC21 N° ____ W03 N° ____ W04 N° ____ W01 N° ____ W02 N° ____ QC15 N° ____ PWHT Subcontractor Report N° ____ HT Subcontractor Report N° ____							
C.11) FINAL DOC. REVIEW	<b>INSPECTORS</b>	<b>CONTRACTOR</b>		<b>PMC</b>	<b>OWNER</b>		
	NAME						
	SIGNATURE						
	DATE						