

 		PROJECT	Standby SRU & Additional Tanks IOCL Paradip Refinery	
		CLIENT	INDIAN OIL CORPORATION LIMITED	
QCP-INSULATION	Project No. 080557C001	Document No. 080557C-000-QCP-2200-001	Rev. No. A	Page 1 of 3
QUALITY CONTROL PLAN INSULATION				

TYPE OF QUALITY CONTROL REPORT	CERTIFICATION EXTENT
W 12/A	SINGLE REPORT PER EACH MATERIAL
CL 1	SINGLE REPORT PER EACH TYPE OF MATERIAL
CL 2 – CL3	SINGLE REPORT PER EACH ITEM



REFERENCE DOCUMENTS:

- 080557C-000-PP-805 Site Coordination & Communication Procedure.
- 080557C-000-PP-807 Material Receiving , Handling & Storage procedure
- 080557C-000-JSD-2300-001 Specification for Surface Preparation and Protective Coating
- 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
- DRAWINGS



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)

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

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S. NO	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTION		NOTES
			CONTR	TECHNIP	
A)	PRELIMINARY ACTIVITIES				
A.1	CONTRACTOR DRAWINGS CHECK REVISION STATUS	N.A.	!	!	
A.2	CONTRACTOR TECHNICAL SPECIFICATION AND PROCEDURE	N.A.	!	!	
A.3	CONTRACTOR METHOD STATEMENT (if required)	N.A.	WC	A	
B)	BEFORE ERECTION				
B.1	MATERIALS APPROVAL	W 12A	WC	A	
B.2	MATERIALS CHECK IN CONTRACTOR WAREHOUSE - STORAGE - INTEGRITY - APPEARANCE - DIMENSION	CL 1	WC	R/S	(1)
C)	INSTALLATION OF HOT INSULATION				
C.1	JACKETING PREFABRICATION	CL 2	WC	R/S	
C.2	SURFACE APPEARANCE OF COMPONENTS TO INSULATE	CL 2	WC	R/S	
C.3	HEATING CHAMBER (for traced components only)	CL 2	WC	R/S	
C.4	INSULATING MATERIAL INSTALLATION	CL 2	WC	W/R	
C.5	JACKETING INSTALLATION	CL 2	WC	R/S	
C.6	MISCELLANEOUS FINISHING WORKS - REMOVABLE INSPECTION WINDOWS (where required) - EXPANSION JOINT (where required) - JACKET OVERLAP - SEALING	CL 2	WC	R/S	
C.7	FINAL DOCUMENTATION REVIEW	CL 2			
D)	INSTALLATION OF COLD INSULATION				
D.1	JACKETING PREFABRICATION	CL 3	WC	R/S	
D.2	SURFACE APPEARANCE OF COMPONENTS TO INSULATE	CL 3	WC	R/S	
D.3	INSULATING MATERIAL INSTALLATION - APPLICATION OF PREFORMED INSULATION - JOINTS SEALING - METAL STRAPS APPLICATION	CL 3	WC	W/R	



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S. NO	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTION		NOTES
			CONTR	TECHNIP	
D.4	VAPOR BARRIERS AND GLASS CLOTH INSTALLATION	CL 3	WC	W/R	
D.5	JACKETING INSTALLATION	CL 3	WC	W/R	
D.6	MISCELLANEOUS FINISHING WORKS - REMOVABLE INSPECTION WINDOWS (where required) - CONTRACTION JOINT (where required) - JACKET OVERLAP - SEALING	CL 3	WC	S	
D.7	FINAL DOCUMENTATION REVIEW	CL 3			



NOTES: (1) CONTRACTOR SHALL ISSUE AN RFI FOR EACH NEW DELIVERY.



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 CL 3		PROJ. No.:	QCF REV. A	SH. ___ OF ___			
COLD INSULATION SUMMARY REPORT		CONTRACTOR:		CL 3 N° _____			
ITEM / TAG N° _____		ITEM / TAG DESCRIPTION _____					
AREA _____		INSULATION CODE _____					
INSPECTIONS (REF. TO QCP 2200.01)		N.A.	ACC.	REMARKS/ REFERENCES	INSPECTORS SIGNATURE & DATE		
					CONTR.	TECHNIP	OWNER
D.1	JACKETING PREFABRICATION	<input type="checkbox"/>	<input type="checkbox"/>				
D.2	SURFACE APPEARANCE OF COMPONENTS TO INSULATE	<input type="checkbox"/>	<input type="checkbox"/>				
D.3	INSULATING MATERIAL INSTALLATION - APPLICATION OF PREFORMED INSULATION - JOINTS SEALING - METAL STRAPS INSTALL.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
D.4	VAPOR BARRIERS AND GLASS CLOTH INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>				
D.5	JACKETING INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>				
D.6	MISCELLANEOUS FINISHING WORKS - REMOVABLE INSPECTION WINDOWS - CONTRACTION JOINT - JACKET OVERLAP - SEALING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
NOTES:							
D.7) FINAL DOC. REVIEW	INSPECTORS	CONTRACTOR		PMC	OWNER		
	NAME						
	SIGNATURE						
	DATE						

 		PROJECT:				
		COMPANY:				
QUALITY CONTROL FORM CL 1		PROJ. No.:	QCF REV. A	SH. ____ OF ____		
INSULATION MATERIAL CHECK		CONTRACTOR:		CL 1 N° _____		
CHECK LIST	N.A.	ACC.	REMARKS/ REFERENCES	INSPECTORS SIGNATURE & DATE		
				CONTR.	TECHNIP	OWNER
1 PACKING - STORAGE - INTEGRITY - APPEARANCE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
2 JACKETING - DIMENSION - APPEARANCE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				
3 BAND OR WIRE - DIMENSION - APPEARANCE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				
4 SCREW/SEALANT/WIRE MESCH - DIMENSION - APPEARANCE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				
NOTES:						
INSPECTORS		CONTRACTOR		PMC		OWNER
NAME						
SIGNATURE						
DATE						

 		PROJECT:					
		COMPANY:					
QUALITY CONTROL FORM CL 2		PROJ. No.:	QCF REV. A	SH. ___ OF ___			
HOT INSULATION SUMMARY REPORT		CONTRACTOR:		CL 2 N° ____			
ITEM / TAG N° _____		ITEM / TAG DESCRIPTION _____					
AREA _____		INSULATION CODE _____					
INSPECTIONS (REF. TO QCP 2200.01)		N.A.	ACC.	REMARKS/ REFERENCES	INSPECTORS SIGNATURE & DATE		
					CONTR.	TECHNIP	OWNER
C.1	JACKETING PREFABRICATION	<input type="checkbox"/>	<input type="checkbox"/>				
C.2	SURFACE APPEARANCE OF COMPONENTS TO INSULATE	<input type="checkbox"/>	<input type="checkbox"/>				
C.3	HEATING CHAMBER	<input type="checkbox"/>	<input type="checkbox"/>				
C.4	INSULATING MATERIAL INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>				
C.5	JACKETING INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>				
C.6	MISCELLANEOUS FINISHING WORKS - REMOVABLE INSPECTION WINDOWS - EXPANSION JOINT - JACKET OVERLAP - SEALING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
NOTES:							
C.7) FINAL DOC. REVIEW	INSPECTORS	CONTRACTOR		PMC	OWNER		
	NAME						
	SIGNATURE						
	DATE						

 		PROJECT:	
		COMPANY:	
QUALITY CONTROL FORM W 12/A		PROJ. No.:	QCF REV. A
CONSTRUCTION MATERIALS APPROVAL		CONTRACTOR:	W 12/A N° _____
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"/>
INSPECTORS	CONTRACTOR	PMC	OWNER
NAME			
SIGNATURE			
DATE			