	Manufacturer Address	QUALITY PLAN FOR Xxxx	QP No.: Rev: yy Date: zz/zz/zz Page 1 of 1	Project: P.O.No.: Date:

Sl. No	Component & Operation	Characteristics	Class	Type of Check	Quantum of check		Ref Doc. & Acceptance STD	Format of record	AGENCY			REMARKS
					M	B/C			M	B	C	
A	RAW MATERIAL & BOUGHT OUT ITEMS INSPECTION											

Signature of Manufacturer/Sub-Vendor	M- Manufacturer/Sub-Vendor; B - BHEL / TPI ; C - Customer / TPI P - Perform; W - Witness V - Verification;	Name & Signature of Customer approving authority	Name & Signature of BHEL approving authority