

FIELD INSPECTION REPORT

Quality Control Form

ITP No.: _____
 INSPECTION GRADE: _____
 REPORT NO. _____
 DATE _____

INSPECTION TYPE LOOP CHECKING -DCS-	WORK No.		
	LOOP No.		
	LOOP DESCRIPTION		
	SIGNATURE		
	COMPANY	CONTRACTOR	
	/ /	/ /	/ /
SYSTEM NO.			
P&ID NO.			

TRANSMITTER INPUT

Tag:	Tag:
Range / Unit	Range / Unit
()	()
Signal Input	DCS Reading
0%	
50%	
100%	
50%	
0%	

DIGITAL INPUT

Tag:	Tag:
Field Contact	DCS Status
ON	
OFF	

Flow trans. characteristic	<input type="checkbox"/> Sq .Ext.	
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CONTROLLER OUTPUT

Tag:	Tag:
DCS Output	Value Stroke
0%	%
50%	%
100%	%
50%	%
0%	%

LIMIT SW INPUT

Tag:
Limit SW. Position
<input type="checkbox"/> Open
<input type="checkbox"/> Close

DIGITAL OUTPUT

Tag:	Tag:
	<input type="checkbox"/> FC <input type="checkbox"/> FO
DCS Output	Field Device
ON	
OFF	

Comments: