

www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
IMPACT TEST REPORT	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Specimen Type :	Material:
Test Temperature :	Acceptance criteria:

Piece No.	Location	1	2	3	Result

Quality Control	TPI Inspection	Client
Name: Sign: Date	Name: Sign: Date	Name: Sign: Date: