

<b>FIELD INSPECTION REPORT</b> Quality Control Form		ITP No.:							
		INSPECTION GR.							
		REPORT NO.							
		DATE							
INSPECTION TYPE  <b>INSTRUMENT CALIBRATION RECORD</b>		WORK No.							
		ITEM No.							
		LOCATION							
		<b>SIGNATURE</b>							
INSPECTION NOTICE NO.:		COMPANY		CONTRACTOR		SUBCONTRACTOR			
COMPANY'S INSPECTOR:		/ /		/ /		/ /			
CONTRACTOR INSPECTOR:									
SUBCONTRACTOR INSPECTOR									
WEATHER TEMP.									
TAG NO.	%						JUDGMENT		
		0 ( )	( )	50 ( )	( )	100 ( )	COMPANY	CONTR.	SUBCON.
	INPUT								
	IN OR OUT   UP/DOWN	/	/	/	/	/			
	INPUT								
	IN OR OUT   UP/DOWN	/	/	/	/	/			
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	IN OR OUT   UP/DOWN	/	/	/	/	/			
<b>REMARKS:</b>									

<b>FIELD INSPECTION REPORT</b>	ITP No.:			
	INSPECTION GR.			
	REPORT NO.			
	DATE			
<b>INSPECTION TYPE</b> <b>INSTRUMENT CALIBRATION RECORD</b> ACTUATED VALVE (ESDV,BDV,SDV,XV)	WORK No.			
	ITEM No.			
	LOCATION			
<b>SIGNATURE</b>				
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTRACTOR	
COMPANY'S INSPECTOR:	/ /	/ /	/ /	
CONTRACTOR INSPECTOR:				
SUBCONTRACTOR INSPECTOR				
WEATHER TEMP.				
<b>DATA</b>				
VENDOR CALIBRATION MANUAL N <sup>o</sup> :		VALVE BODY SERIAL N <sup>o</sup> :		
CALIBRATION/TEST PROCEDURE N <sup>o</sup> :		VALVE MODEL N <sup>o</sup> :		
DATA SHEET N <sup>o</sup> :		SERIAL N <sup>o</sup> :		
CAL. DATE:	TEST EQUIPMENT:			
	SERIAL N <sup>o</sup> :			
<b>TEST DETAILS</b>				
<b>VALVE SIGNAL RANGE</b>				
AIR FAILURE:	OPENS		CLOSES	
SIGNAL FAILURE:	OPENS		CLOSES	
HYDRAULIC FAILURE:	OPENS		CLOSES	
POWER FAILURE:	OPENS		CLOSES	
<b>TEST RESULT</b>				
<b>OPEN / CLOSING TIME</b>				
<b>SIGNAL</b>		<b>INDICATED VALVE POSITION</b>	<b>ACTUAL VALVE POSITION</b>	<b>TIME</b>
MIN	→	MAX	OPEN → CLOSE	CLOSE → OPEN
MAX	→	MIN	OPEN → CLOSE	CLOSE → OPEN
<b>AUXILIARY EQUIPMENT MOUNTED WITH VALVE</b>				
TYPE	TAG NO	CALIBRATION RANGE	CHECK SATISFACTORY	REMARKS
SOLENOID VALVE				
SOLENOID VALVE				
LIMIT SWITCH				
LIMIT SWITCH				
PRESSURE SWITCH				
PRESSURE GAUGE				
PRESSURE GAUGE				
DATA SHEET ATTACHED				<input type="checkbox"/>
<b>COMMENTS:</b>				

<b>FIELD INSPECTION REPORT</b>		ITP No.:		
		INSPECTION GR.		
		REPORT NO.		
		DATE		
<b>INSPECTION TYPE</b> <b>INSTRUMENT CALIBRATION RECORD</b> MOTORIZED OPERATED VALVE (MOV)		WORK No.		
		ITEM No.		
		LOCATION		
		<b>SIGNATURE</b>		
INSPECTION NOTICE NO.:		COMPANY	CONTRACTOR	SUBCONTRACTOR
COMPANY'S INSPECTOR:		/ /	/ /	/ /
CONTRACTOR INSPECTOR:				
SUBCONTRACTOR INSPECTOR				
WEATHER TEMP.				
<b>DATA</b>				
VENDOR CALIBRATION MANUAL N <sup>o</sup> :			VALVE BODY SERIAL N <sup>o</sup> :	
CALIBRATION / TEST PROCEDURE N <sup>o</sup> :			VALVE MODEL N <sup>o</sup> :	
DATA SHEET N <sup>o</sup> :			SERIAL N <sup>o</sup> :	
CAL. DATE:		TEST EQUIPMENT:		
		SERIAL N <sup>o</sup> :		
<b>TEST DETAILS</b>				
<b>VALVE</b>				
POWER ON - OPEN:	OPENS		CLOSES	
POWER ON - CLOSE:	OPENS		CLOSES	
POWER FAILURE:	OPENS		CLOSES	
<b>TEST RESULT</b>				
<b>OPEN / CLOSING TIME</b>				
<b>SIGNAL</b>		<b>INDICATED VALVE POSITION</b>		<b>ACTUAL VALVE POSITION</b>
MIN → MAX		OPEN → CLOSE		CLOSE → OPEN
MAX → MIN		OPEN → CLOSE		CLOSE → OPEN
<b>AUXILIARY EQUIPMENT MOUNTED WITH VALVE</b>				
<b>TYPE</b>	<b>TAG NO</b>	<b>CALIBRATION RANGE</b>	<b>CHECK SATISFACTORY</b>	<b>REMARKS</b>
POSITION IND - OPEN				
POSITION IND - CLOSED				
LIMIT SWITCH - OPEN				
LIMIT SWITCH - CLOSED				
LOCAL / REMOTE SELECTOR				
HAND SWITCH - OPEN				
HAND SWITCH - CLOSED				
DATA SHEET ATTACHED <input type="checkbox"/>				
<b>COMMENTS:</b>				

<b>FIELD INSPECTION REPORT</b>					ITP No.: _____					
					INSPECTION GR. _____					
					REPORT NO. _____					
					DATE _____					
<b>INSPECTION TYPE</b>  <b>INSTRUMENT CALIBRATION RECORD</b> CONTROL VALVE					WORK No. _____					
					ITEM No. _____					
					LOCATION _____					
					<b>SIGNATURE</b>					
INSPECTION NOTICE NO.:					COMPANY		CONTRACTOR		SUBCONTRACTOR	
COMPANY'S INSPECTOR:					/ /		/ /		/ /	
CONTRACTOR INSPECTOR:										
SUBCONTRACTOR INSPECTOR										
WEATHER TEMP.										
TAG NO.	%	0		50		100		JUDGMENT		
		( )	( )	( )	( )	( )	( )	COMPANY	CONTR.	SUBCON.
	INPUT									
	IN OR OUT   UP/DOWN	/	/	/	/	/	/			
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	INPUT									
	IN OR OUT   UP/DOWN	/	/	/	/	/	/			
<b>REMARKS:</b>										