www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
PIPING N.D.T REQUEST	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Location / Area:

Item	Line No./ Spool No. Section No.	Weld No.	Welder(s) ID			Joint Type ☐	O.D (in.)	Thk. (mm)	N.D.T Type ☐	Welding Insp. Report No.	Remark
			Root	Fill	Cap						

Technical Comment:

☐ **B**: Butt Weld, **S**: Socket Weld, **T**: Seal Weld (for Threaded Joints), **M**: Miter

☐ **RT**: Radiographic Test, **PT**: Liquid Penetrant Test, **MT**: Magnetic Particle Test, **UT**: Ultrasonic Test

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