

www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
POST WELD HEAT TREATMENT	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Line No.:	Location :	RT Report No.:
Piping Description:		
Weld No.:	N.P.S (in.)	Wall Thk.:
		Material Spec. to
	

P.W.H.T DESCRIPTION

Starting Temp.(°C)	Minimum Holding Temp.(°C)
Maximum Holding Temp.(°C)	Heating Rate (°C/hr)
Holding Time (min)	Cooling Rate (°C/hr)

P.W.H.T CHART

Attach Original P.W.H.T Chart

Result : Accept Reject

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