

Project:

Client:

Report No.:

PIPING VISUAL INSPECTION REPORT

Contractor:

Date:

Ref. Standard:

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Doc. No.:

Subject:

ITEM NO.	DWG NO.	LINE NO	WELD NO.	WELDER(S) NO.	TYPE OF DISCONTINUITIES AND LOCATION FROM ZERO POINT(cm) OR WELD-EDGE	ACCEPTANCE CRITERIA	RESULTS		NDT REQUIREMNT
							ACCEPT	REJECT	

Comments:

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