www.Inspection-for-Industry.com Quality Control Form	**Project:**
WELDING DAILY REPORT (PIPING)	**Client:** / **Report No.:** **Contractor:** / **Date:** **Ref. Standard:** / **Page** 1 **of** 1 **Doc. No.:**

Area/ Location:	**Ref. Drawing:** **Rev.**

Line No.	Spool No.	Joint No.	Joint Type ☐	O.D	Thk.	Welder (s) ID						Type of Material/Material Spec. ☐		WPS No.	Pre-heat	PWHT	Fit up Report No.	VT Result	Remarks
						Root		Hot		Cap		..... to	.....						

Technical Comments:

Abbreviation:
Acc. : Accept **Rej. :** Reject **RC :** Re-Cap **NA:** Not Applicable

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

☐ **For Example:** Pipe / 5L X52 **to** Flange / A105

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