

**FIELD INSPECTION REPORT**  
Quality Control Form

ITP No.: \_\_\_\_\_  
INSPECTION GR. \_\_\_\_\_  
REPORT NO. \_\_\_\_\_  
DATE \_\_\_\_\_

<b>INSPECTION TYPE:</b>	WORK No.	:	_____
	ITEM No.	:	_____
<b>BOLT TIGHTENING(ST.ST)</b>	LOCATION	:	_____
	<b>SIGNATURE</b>		
<b>INSPECTION NOTICE NO.:</b>	<b>COMPANY</b>	<b>CONTRACTOR</b>	<b>SUBCONTRACTOR</b>
<b>COMPANY'S INSPECTOR:</b>	_____	_____	_____
<b>CONTRACTOR INSPECTOR:</b>	_____	_____	_____
<b>SUBCONTRACTOR INSPECTOR:</b>	_____	_____	_____

COLUMN NO.	BOLT SIZE	MIN BOLT TORQUE VALUE	ACTUAL	REMARK
		Kgf-m/N.M	Kgf-m/N.M	
1				
2				
3				
4				
5				
6				

1        4  
2        5  
3        6