www.Inspection-for-Industry.com Quality Control Form	**Project:**
SHELL PLATE BANDING CHECK REPORT	**Client:** / **Report No.:** **Contractor:** / **Date:** **Ref. Standard:** / **Page** 1 **of** 1 **Doc. No.:**

Tank No.:	**Tank Name:**	**DWG No.:**
Measurement Unit: mm	**Height:**	**Report No.:**
Max Banding:	**T: Measurement Temperature= ºC**	

Joint No	Banding	Result		T	Time of Checking	Remark
		Acc.	Rej.			