

Inspection & Test Record for Underground Piping

Record No.: _____
page _____ of _____

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	Test system No.: _____

Additional Information:

Inspected by: _____ Test pressure: _____ kg/cm²

Date of inspection: _____ Test medium: _____

Reference document: _____

1.0	Line No.				
2.0	Iso/Drawing No.				
3.0	From To				
4.0	Excavation and Backfill				
5.0	Prefab and Welding				
6.0	Installation				
7.0	Field Welding				
8.0	Coat and Wrap				
9.0	Flushing Velocity _____ M/S				
10.0	Hydrostatic test duration _____ hrs.	h	h	h	h
11.0	Reinstatement				
12.0	Completion				

Remarks: _____

H - Company's presence is mandatory for all activities in section. Attachments, No. of pages: _____
h - Company's presence is mandatory.

Accepted for Subcontractor	Accepted for Company	Accepted for Client
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____