

Inspection & Test Record for Control Valve Pre-installation

Record No.: _____

Client:	Subcontractor:
Project No.:	Subcontract P.O. No.:
Project Name:	Tank No.:

Additional Information:	Service:
Tag No.:	Reference Document:
Req. No.:	

Physical check:

Process conn. correct	Pneum./elect. conn. correct
Body material correct	Plug + seat material correct
Body size correct	Plug + seat size correct
Air failure correct	Positioner correct

Leak test to ANSI/FCI 70-2 issue 1967	Class V	Class V
Leakage rate	Inside tolerance: Yes	No
Test medium	Test pressure:	

Calibration Check:

Input Signal	Input Positioner	Output Positioner	Valve Position	Mark Fail Situation
0				
25				
50				
75				
100				

Control valve	on/off valve		
Stroking time:.....Sec	to specification	Yes	No
Controller alignment correct			
Ancillary equipment list + type: _____			

General control valve classification	Setting		
Control	Lock-up device:		
Safeguarding	Limit switches:	High	Low
Compressor recycling	% lift		
Depressurizing			
Sequential control			

Remarks:

Attachments, No. of pages: _____

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