

Test Record for Rotating Equipment Alignment

Record No.: _____

Client: _____

Subcontractor: _____

Project No.: _____

Subcontract P.O. No.: _____

Project Name: _____

Equipment No.: _____

Additional Information:

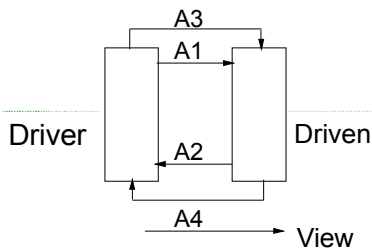
P.O. No.:

Vendor:

Reference Document:

Items to inspect

	Subcontractor	Company	Remarks
	inspected initials/date	Hold Point	inspected initials/date



1.0 Preliminary alignment

Position	A1	A2	A3	A4
120 o'clock				
30 o'clock				
60 o'clock				
90 o'clock				
Misalignment				

2.0 Cold alignment-piping disconnected

Position	A1	A2	A3	A4
120 o'clock				
30 o'clock				
60 o'clock				
90 o'clock				
Misalignment				

3.0 Cold alignment-piping connected

Position	A1	A2	A3	A4
120 o'clock				
30 o'clock				
60 o'clock				
90 o'clock				
Misalignment				

H - Company's presence is mandatory for all activities in section.

h - Company's presence is mandatory.

Attachments, No. of pages:

Accepted for Subcontractor

Accepted for Company

Accepted for Client

Name: _____

Name: _____

Name: _____

Signature: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Date: _____

* Company only initials for holdpoint