

**Company Name**  
SKID QUALITY CONTROL PLAN

Work Order Number:	Date:
Drawing Number:	Revision:
Fabrication Quality Level   Domestic _____ International _____ Offshore _____	<b>Fabrication Code</b> AWS D1.1 _____ CSA W59 _____

	<u>Fitter or Foreman</u>		<u>QC</u>	
	Fitter/Foreman	Date Checked	Inspected By	Date Inspected
<b>A) DIMENSIONAL INSPECTION:</b>				
1) Skid Member Location				
2) Gusset Location				
3) Hole Location				
4) BCD Locations				
5) Cut out Locations & Sizes				
6) Squareness				
7) Flatness				
<b>B) WELDING INSPECTION:</b>				
1) Welding Completed				
2) Weld Pickup Completed				
3) Checker Plate Flat				
4) Full Penetration **				
5) Magnetic Particle inspection **				
6) Ultrasonic Inspection **				
7) Radiographic Inspection **				
8) Other Inspection				
<b>** When required</b>				

<b>C) PARTS CHECKED AND READY FOR SHIPMENT</b>			
<b>Production Personnel</b>			
1) All Parts Completed & Shipped			
2) Other			
<b>D) FINAL INSPECTION</b>			
1) Production Sign Off			
2) Quality Control Sign Off			
3) Quality Control Inspection Waived			
4) Third Party Inspector Sign Off			