

Company Name
SKID QUALITY CONTROL PLAN

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

	<u>Fitter or Foreman</u>		<u>QC</u>	
	Fitter/Foreman	Date Checked	Inspected By	Date Inspected
A) DIMENSIONAL INSPECTION:				
1) Skid Member Location				
2) Gusset Location				
3) Hole Location				
4) BCD Locations				
5) Cut out Locations & Sizes				
6) Squareness				
7) Flatness				

	Fitter/Foreman	Date Checked	Inspected By	Date Inspected
B) WELDING INSPECTION:				
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				

**** When required**

C) PARTS CHECKED AND READY FOR SHIPMENT	Inspected By	Date Inspected
Production Personnel		
1) All Parts Completed & Shipped		
2) Other		

D) FINAL INSPECTION	Inspected By	Date Inspected
1) Production Sign Off		
2) Quality Control Sign Off		
3) Quality Control Inspection Waived		
4) Third Party Inspector Sign Off		