

QUALITY SYSTEM FORMS

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**[CompanyName]
Inspection and Test Report**

Inspection Report ID #	Project ID	Project Name	Preparer Signature	Date		
	[ProjectNumber]	[ProjectName]				
Work Activity:			Item inspected and/or tested:			
Ref#	Specification reference documents (titles or description with version/date)					
Inspection/Test Record (additional items on next page)						
Inspection/ Test/ ID #	Inspection/Test Points/Location	Acceptance Criteria / Ref#	Test Result, Nonconformance	Non-conformance Disposition rework/reject/Non- conformance Report	Corrections Made / Final Acceptance	
					Initial	Date
Acceptance of completed work activity (sign and date)						
Inspector/Tester		Subcontractor and Supplier/Supplier		Superintendent		

**[CompanyName]
Material Inspection and Receiving Report**

Contract ID	Contract Name	Purchase Order No.	Supplier			Bill of Lading No.	Date	
[ProjectNumber]	[ProjectName]							
Item No.	Stock/Part No.	Description	Quantity Received	Condition	Marking	Accept	Conditional Use	Reject
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving Quality Control

ACCEPTANCE

Listed items have been accepted by me or under my supervision

- Conform to contract specifications EXCEPT as noted herein or on supporting documents.
- Received in apparent good condition EXCEPT as noted

Signature of authorized person and date: _____

EXCEPTIONS:

**[CompanyName]
Test Equipment Calibration Plan and Log**

Project ID	Project Name	Preparer		Date	
[ProjectNumber]	[ProjectName]				
Type of measuring device	Calibration Type and Frequency	Measuring Device ID	Calibrated By/ Calibration Date	Calibration certificate #	Next Calibration Due Date
					Project Start

Selected Pages

[CompanyName]
Material Inspection and Receiving Report

Version 20150128

Contract ID	Contract Name	Purchase Order No.	Supplier			Bill of Lading No.	Date	
[ProjectNumber]	[ProjectName]							
Item No.	Stock/Part No.	Description	Quantity Received	Condition	Marking	Accept	Conditional Use	Reject
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving Quality Control

ACCEPTANCE

Listed items have been accepted by me or under my supervision

- Conform to contract specifications EXCEPT as noted herein or on supporting documents.
- Received in apparent good condition EXCEPT as noted

Signature of authorized person and date: _____

EXCEPTIONS:

LIST OF INCLUDED INSPECTION FORMS

REPORTING FORMS

- QW-484B Welding Operator Performance Qualifications
- QW-484A Welding Operator Performance Qualifications
- QW-483 Procedure Qualification Records
- QW-483 Procedure Qualification Records Back
- P-4B Installed Mechanically Assembled Piping
- P-4A Fabricated Piping
- P-4A Fabricated Piping (Cont.)

METALS

- Metal Decking
- Metal Railings
- Metal Stairs

HVAC

- Air Outlets and Inlets
- Air Terminal Units
- Breechings// Chimneys// and Stacks
- Central Cooling Equipment
- Commissioning of HVAC
- Cooling Towers
- Facility Fuel-Oil Piping
- Facility Fuel-Storage Tanks
- Facility Natural-Gas Piping
- Furnaces
- Heating Boilers
- HVAC Air Cleaning Devices
- HVAC Ducts and Casings
- HVAC Fans
- HVAC Insulation
- HVAC Piping and Pumps
- HVAC Water Treatment
- Indoor Central-Station Air-Handling Units
- Instrumentation and Control for HVAC
- Refrigerant Piping
- Testing// Adjusting// and Balancing for HVAC

Metals - Metal Decking 05.30.00

Project:	Phase:	Contract#:	Subcontractor:	Crew:
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Compliance Verification

- Compliance with initial job-ready requirements
- Compliance with material inspection and tests
- Compliance with work in process first article inspection requirements
- Compliance with work in process inspection requirements
- Compliance with Task completion inspection requirements
- Compliance with inspection and test plan
- Compliance with safety policies and procedures

Reported Nonconformances and incomplete items:

FTQ 2TQ Heightened Awareness Checkpoints

- Decking securely fastened to structural supports
- Deck units span 3 or more supports
- Shop applied primer and galvanizing intact and without blemishes
- Welded connections continuous, even, clean, and free of blow holes or other irregularities
- Ridge and valley plates provide tight fitting closures
- Spray-on fireproofing evenly applied and without gaps
- Sound absorbing filler material securely placed in webs / cells
- Concrete form decking free of deflection and movement
- Joints in raceway decking assemblies fully sealed
- Holes and openings for service and other projections are neatly fitted and free of rough edges

FTQ Scores and Completion Sign-off

Field Mgmt.-91.45.01

Quality 5 4 3 2 1 *Notes:*

On-Time 5 4 3 2 1 *Notes:*

Safety 5 4 3 2 1 *Notes:*

Sign and date*: Cell # / ID #: _____ Signed: _____ Date: _____

Task has been has been verified complete and in compliance with contract drawings and specifications except for non-conformances a n d incomplete items reported above.

<u>Quality Score</u>	5 = 100% NO problems	4 = 1 minor problems	3 = Hotspot or 2-3 minor	2 = 6+ or major problems	1 = Excessive problems
<u>On-Time Score</u>	5 = On Time	4 = Late	3 = Late by 1 day	2 = Late by 2 days	1 = Late more than 2 days
<u>Safety Score</u>	5 = 100% NO problems	4 = 1 minor problem	3 = Hotspot or 2-3 minor	2 = 4+ or major problem	1 = Injury

P-4A Fabricated Piping

FORM P-4A MANUFACTURER'S DATA REPORT FOR FABRICATED PIPING As Required by the Provisions of the ASME Code Rules, Section I

1. Manufactured by _____ Order No. _____ P-4A ID No. _____
(Name and address of manufacturer)
2. Manufactured for _____ Order No. _____
(Name and address of purchaser)
3. Location of installation _____ Boiler Registration No. _____
4. Identification _____ Piping Registration No. _____
(Main steam, boiler feed, blow-off, or other service piping — state which)
5. Design Conditions of Piping _____ Specified by _____
(Pressure) (Temperature) (Name of Co.)
Code Design by _____
6. The chemical and physical properties of all piping meet the requirements of material specifications of the ASME BOILER AND PRESSURE VESSEL CODE. The construction and workmanship conform to Section I of the ASME BOILER AND PRESSURE VESSEL CODE _____
(Year)
Addenda to _____ (if applicable), and Code Cases _____
(Date) (Numbers)
7. Description of Piping (include material identifications by ASME specification or other recognized Code designation)
8. Shop Hydrostatic Test _____
9. Remarks

CERTIFICATE OF SHOP COMPLIANCE

We certify the statement in this data report to be correct and that all details of design, material, construction, and workmanship of the described piping conform to Section I of the ASME BOILER AND PRESSURE VESSEL CODE.

Our Certificate of Authorization No. _____ to use the (S) or (PP) Designator _____ Expires _____

Date _____ Signed _____ by _____
(mm/dd/yyyy) (Manufacturer or Fabricator) (Authorized Representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by _____

_____ have inspected the piping described in this Manufacturer's Data Report and state that, to the best of my knowledge and belief, the manufacturer has constructed this piping in accordance with the applicable sections of the ASME BOILER AND PRESSURE VESSEL CODE.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the piping described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date _____
(mm/dd/yyyy)

(Authorized Inspector) Commission _____ (National Board Commission Number and Endorsement)