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|  | | | PT. TEKNOLOGI REKAYASA KATUPFINAL INSPECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Form No:  TRK-PF-QA/QC-013-A  Revision: 03  Effective date:  August 27, 2018 | | | | | | | | |
| Customer :  PO No :  PPO No. :  SO No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Description of product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size : Class : \_\_\_\_\_\_\_\_ Operated : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Report No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Page: of \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| ACCEPTANCE CRITERIA:  High Stand to Adapter Plate:  Min. mm, Max. mm  High Stem : Min. mm, Max. mm | | | | | | | | | | | Outside Diameter Flange: Min. mm, Max. mm  Outside Diameter RF/RTJ: Min. mm, Max. mm  Pitch Circle Diameter: Min. mm, Max. mm  Inside Diameter Bore : Min. mm | | | | | | | | | | | | | | | | | Thickness Flange: Min. mm, Max. mm  RF/RTJ Thickness: Min. mm, Max. mm  Face to Face: Min. mm, Max. mm  End to End : Min. mm, Max. mm | | | | | | | | | | | | | |
| **No** | **Serial No** | **Visual Inspection** | | **Dry & Clean** | **Repair** | **Inspection After Repair** | **Pressure Test** | **Non-Destructive Test** | | | | | | **Dimensional Check** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **High Stand to Adapter Plate (mm)** | | **High Stem (mm)** | | **Outside Diameter** | | | | | | **Inside Diameter Bore (mm)** | | **Thickness Flange (mm)** | | **RF/RTJ Thickness (mm)** | **Face to Face (mm)** | | | **End to End (mm)** | | | **Pitch Circle Diameter (mm)** | | **Surface Condition** | | | **Inspection Status** | |
| **PT** | **MT** | **UT** | | **X-Ray** | | **Flange (mm)** | | | **RF/RTJ (mm)** | | |
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| Note: ✓: Accepted X: Reject 0 : Repaired | | | | | | | | |  |  | |  | |  |  | |  | |  |  | |  |  | |  | |  | | | |  | | |  | |  | |  |  | |  |

Prepared by: Reviewed by: Reviewed and Witnessed by:

**QC Inspector** Third Party Inspector Customer Representative

Initial/Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial/Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_