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TIIMES

TUV INDIA INSPECTION MANAGEMENT AND
EXECUTION SYSTEM



Kash'
Sinha

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ON-SITE MONITORING REPORT:F/MR/18A Rev. 05 Dated 01.04.2023

UIN :

ONS3180

Call No:

2023-381719

Notes : 1) * -Mandatory

Date :

21/07/2023

Inspector Name:

aditya alawane

Inspector Level of authorisation :*

3



Item Inspected:*

Raw material at Trader's/Stockist's and warehouse ▼

Monitor Name:

Kashyap Sinha

Monitor level of authorisation:*

4



TUVI control number:

050101088121/278/1

Customer Name:

HINDUSTAN PETROLEUM CORPORATIONLIMITED(839)

End Customer Name:

HINDUSTAN PETROLEUM CORPORATION LIMITED(839)

Project Name:

ARC for TPIA Services outside MR

DEC/PMC/EPC Name:

DEC PMC EPC Name

DEC/PMC/EPC Assignment No:

DEC PMC EPC Assignment No

Vendor Name:

SAIKRUPA ENGINEERING WORKS (34894)

PO No.(Client PO on Vendor) :

GEMC-511687779344621

Comments by Inspector:

PO Date(Vendor):

29/06/2023

Sub Vendor Name:

InspectorName: aditya-alawane
Peacefort Chem-Ind Engg. Pvt. Ltd. (31553)

Inspector Comment Date: 02/08/2023 10:16:46

PO No.(Vendor PO on Sub-vendor):

264/2023-2024

PO Date (Sub Vendor):

17/07/2023

Vendor Location:*

Godown no 1428, Road no. 27, Kalamboli Warehousing Complex, Near Bima Weighbridge, Kalamboli Navi

Scope:*

17 ▾

Outdoor / On-Site Time (Hrs.):*

6

Office / Off-Site Time (Hrs.):*

0

Travel Time (Hrs.):*

3

Item Description:*

Plates - SA 516 Gr 60, 12 & 14 Thk.

Reference Document:*

QAP: INSP/QAP084 Rev.01,
QAP: INSP/QAP010 Rev.01,
Vendor PO -GEMC511687779344621 Dated 29/06/2023,
Sub Vendor PO - 264/20232024 Dt: 17/07/2023,
Tender Documents.

Details of inspection activity:*

100% Visual & Dimensional check Inspection carried out..
UT witness carried on Offered plate no. recordable relevant indication observed during testing.

Mill hard punch(Heat NO, Plate No, Grade, Size) verified as per MTC as declared by vendor.
 Stamp transfer carried out on offered plate and hard stamp with TUV hard stamp for identification.
 Plate stamped with TUV oval hard stamp neat plate corner for lab testing sample in direction

| Sr.No | Parameters | Finding |
|-------|--|--|
| 1 | Is the inspector fully conversant with all requirements of TUV India Quality System Manual Procedures, Work Instructions? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 2 | Is the inspector fully conversant with all specified requirements for the work i.e., necessary Job knowledge, guidance documents, contractual requirements, Codes, Standards, QAP etc.? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 3 | Is there a Contract / Job number available? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 4 | Is the inspector authorised for the work as per the competency matrix including necessary NDE qualifications? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 5a | Has the inspector ensured it is sufficiently safe to proceed throughout the inspection? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 5b | Is inspector aware about site/ vendor safety requirements and special safety procedures such as working at height, working in confined space, working in sore /H2S dense environment, OR any other special safety requirement at vendor place / site * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 6 | Is the inspector wearing / using the appropriate PPE? (Mandatory where overhead crane activity takes place) * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 7a | Are welding procedures specifications together with their supporting procedure qualification records verified by the surveyor/inspector? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 7b | Has the inspector ensured that qualified welders are being used by appropriate means? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 8a | Is the storage and distribution of welding consumables being satisfactorily controlled by shop? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |

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| 8b | Is the inspector verifying this? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 9a | Have NDE Procedures used by the manufacturer been reviewed by the inspector? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 9b | Have these been satisfactorily demonstrated by the manufacturer? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 9c | Is the manufacturer's NDE personnel's NDE qualification up to date? Has this been verified by the Inspector? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 10a | Were any NDT examinations made by the inspector verified by the monitor? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 10b | If Yes – Does the monitor agree with the inspector's observations? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 11 | Is there any witness of tests involved at NABL/non NABL laboratory? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 12 | If yes * | |
| 12a | Has the inspector verified the calibration status of testing & measuring instruments/equipment? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 12b | Has the inspector physically verified the dimensions of the test specimen? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 12c | Is the inspector aware about the requirements & related standards of the tests to be witnessed? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 12d | Is the inspector conversant with the test method/procedure for the test witnessed? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 12e | In case of Non NABL laboratories, in addition to above requirements; * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 12f | Has the inspector verified the maintenance program & related records for the testing instruments/equipment? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 12g | Has the inspector physically verified the condition of the testing/measuring equipment for any visible signs of repairs which | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |

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| | might affect the calibration? * | |
| 13 | Is the inspector aware about the test method involved, the things to look for in the test, interpretation of results, conclusion? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 14 | Is the manufacturer using calibrated measuring instruments? Has this been verified by the inspector? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 14a | If No - has corrective action been taken? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 14b | Has this been recorded (inspection record, visit report, certificate or any other document) and placed on file? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 15 | Is the inspector's relationship with the client/manufacturer polite & firm? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 16 | Equipment inspected has been re-examined by me and: - * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 16a | No Recommendation made * | <input type="checkbox"/> |
| 16b | Recommendations made found to be in order * | <input checked="" type="checkbox"/> |
| 16c | Recommendations made found not to be in order and suitable corrective action taken * | <input type="checkbox"/> |
| 17 | Is the extent of random inspection done & recorded as required in QAP/ITP? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 18 | Have details of examinations/verifications/follow up activities required been recorded? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 18a | If No - then please comment? * | <div>NA</div> |
| 19a | Have all checkpoints been witnessed / reviewed as per approved QAP / ITP? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 19b | Has the inspector ensured that | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |

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| | all the past stages (both review and witness) have been accepted before accepting the present stage? * | |
| 19c | Before undertaking random inspection as per QAP/ITP, has the inspector ensured that the manufacturer has carried out 100 percent inspection on his own & records available? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 20 | Is the Inspector aware / alert about possible hidden problem areas, unforeseen results and Manufacturer's technical incapability or manufacturing close to limit of capacity/ technical capability? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 21 | Is the Inspector conversant with the technical details of the tests witnessed / reviewed and does he understand and have capability of verifying the inspection report details? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 22 | Have the Reports / Certificates been signed with the correct TUV stamp (as applicable)? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 23 | Are reporting documents issued satisfactory, e.g. checklists, reports, IRNs / certificates, visit reports, progress reports with inspector's signature and date? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 24 | Is the inspector's overall performance and competency considered satisfactory for the work undertaken? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 25 | Is the inspector confident in making decisions? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 26 | In the inspection activity performed, was the inspector in full control of the process? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 27 | Was he confused at any moment? Does he fall back on the office to make decisions on his part? * | <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
| 28 | Is the inspector too lenient or strict with the vendor? Any reason to believe breach of independence, impartiality, integrity & confidentiality agreement? * | <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> NA |

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| 29 | Does the inspector take photographs of inspected items, issues noticed, unsafe conditions etc. as part of evidence if photography is allowed? * | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA |
| 30 | Is there evidence that previous training has been effective? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 31 | Is there any need for additional training? * | <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> NA |
| 31a | If yes, mention training topic name * | <div>NA</div> |
| 32 | Is inspection activity performed by considering observations made during earlier monitoring? * | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA |
| 33 | Observations * | <div>Inspector was aware of requirements eg.- Tender documents, respective QAP and Drawings. Inspection was done properly. Report writing skill Guided. HPCL Action Plan Briefed. Reviewing of MTC Briefed.</div> |
| 34 | Declaration : I confirm that I have conducted an activity monitoring exercise on the individual named above, in accordance with procedure QP /IB/04. * | <input checked="" type="checkbox"/> |
| 35 | Is this type of monitoring required in this year? * | <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> NA |

CreatedBy: Kashyap Sinha

CreatedDate 24/07/2023

Reporting manager comments:

Manager Name: Pralhad Gawade

manager comments Date: 03/08/2023 10:24:14

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