

WELDING INSPECTION REPORT

Project:	Hull No:	Date:	Report No.:
Area inspected / marked:			Ref. Standard: SSWi 03
			Ref. Drawings:
			System:
			Zone:

Findings	No. of Defects	Rectified	Findings	No. of Defects	Rectified
1. Not accordance with welding schedule		<input type="checkbox"/>	7. Excessive weld		<input type="checkbox"/>
2. incorrect welding procedures		<input type="checkbox"/>	8. Weld on bad alignment fitting		<input type="checkbox"/>
3. Missing weld (eg. Return weld)		<input type="checkbox"/>	9. Welding delay		<input type="checkbox"/>
4. Insufficient fusion / penetration		<input type="checkbox"/>	10. Deep scars on plating to be built up		<input type="checkbox"/>
5. Undercut		<input type="checkbox"/>	11. Tack weld to be removed		<input type="checkbox"/>
6. Insufficient fillet leg / throat length / thickness		<input type="checkbox"/>	12. Wrong application of welding consumable		<input type="checkbox"/>

Remarks / Rectification Procedure:

Quality Control

STATUS: Open Date:

Name:

Date:

Distribution:

1) Engineer 2) QM CC)Contractor 3) QC (follow up / file)