



UPF FLANGED CONNECTION INSPECTION RECORD FOR ABOVEGROUND PIPING

Work Package No.: _____

Task No.: _____

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DMC NUMBER:		DATE:		
PROJECT NO.:		PROJECT NAME:		
QUALITY LEVEL : <input type="checkbox"/> Q <input type="checkbox"/> RS <input type="checkbox"/> CC				
BLDG/AREA:		FLANGE LOCATION:		
SYSTEM:		DRAWING :		
FLANGE TYPE:		FLANGE RATING:		
ASME <input type="checkbox"/> Yes <input type="checkbox"/> No		PIPING CODE:		
BOLT/STUD MATERIAL GRADE/SPECIFICATION:				
NUMBER OF BOLTS OR STUDS REQUIRED:				
NUT MATERIAL GRADE/SPECIFICATION:				
GASKET TYPE:		CLEANING SOLUTION:		
METHOD OF FLANGE TIGHTENING: <input type="checkbox"/> TORQUE <input type="checkbox"/> BOLT ELONGATION				
MINIMUM REQUIRED TORQUE OR BOLT STRESS:				
TIGHTENING SEQUENCE TORQUE OR BOLT ELONGATION STEPS:				
SEQUENCE STEP 1 (25% OF MINIMUM):				
SEQUENCE STEP 2 (50% OF MINIMUM):				
SEQUENCE STEP 3 (100% OF MINIMUM):				
VERIFICATION CHECKS:	YES	N/A	FE/DATE	QCE/DATE
FLANGE FACES CLEAN	<input type="checkbox"/>	<input type="checkbox"/>		
FLANGE FACES ALIGNED	<input type="checkbox"/>	<input type="checkbox"/>		
CORRECT GASKET INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>		
CORRECT BOLT/NUT SIZE	<input type="checkbox"/>	<input type="checkbox"/>		
CORRECT BOLT/NUT MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>		
CORRECT TIGHTENING SEQUENCE	<input type="checkbox"/>	<input type="checkbox"/>		
FINAL TORQUE/BOLT ELONGATION:				
M&TE USED:				
DESCRIPTION:		SERIAL NUMBER:		CALIBRATION DUE DATE:
DESCRIPTION:		SERIAL NUMBER:		CALIBRATION DUE DATE:
DESCRIPTION:		SERIAL NUMBER:		CALIBRATION DUE DATE:
REMARKS:				
FIELD ENGINEER:			DATE:	
QUALITY CONTROL ENGINEER:			DATE:	