STEEL CONSTRUCTION INSPECTION CHECKLIST

COMPANY:_____ INSPECTED BY:_____
ADDRESS:_____DATE:_____
CITY:_____OFFICIAL CONTACTED:_____

CONSTRUCTION PERFORMED BY: _____
ON-SITE FOREMAN:_____
CONSTRUCTION LOCATION:_____
CONSTRUCTION TYPE: _____

1) What is the Tennessee One-Call Dig ticket number?_____

2) Whose name is the Tennessee One-Call Dig ticket number under?_____
_____

3) When were the lines marked? _____

4) When does the Dig ticket expire? _____

Subpart B **5) Pipe size _____ Specification_____ Thickness_____**

192.5 /.121 **6) _____ Class location. _____Appropriate design formula used.**

192.153 **7) _____ Components are qualified for use.**

192.273 **8) _____ Pipeline is joined in accordance with approved written procedures.**
API 1104 17th _____ ASME BPV Code _____ Other _____

192.227 **9) _____ Welders are qualified.**

Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____

10) Are Welding Procedures On-Site _____ Yes _____ No

192.241 **11) _____ Welds are nondestructively tested (x-ray).**
192.243 **Class 1 (10%)_____ Class 2 (15%)_____ Class 3/4 (100%)_____**

12) What remedial measures are being taken for defective welds? _____
_____
_____
_____

192.461 **13) _____ Buried metallic pipe is coated and coating is inspected just prior to lowering the**
192.455 **pipe in the ditch, and backfilled with damaged areas satisfactorily repaired.**
Jeep pipe _____ Holidays wrapped _____

192.479 **14) _____ Aboveground piping is coated or jacketed to prevent atmospheric corrosion.**

192.467 **15) _____ Pipelines are electrically isolated from metallic casings and are properly designed.**

192.319 **16) _____ Ditch is backfilled when necessary to provide firm support and to prevent**

damage to pipe and/ or coating.

192.325

17) _____ Required clearance from other underground structures are maintained.

18) _____ Person(s) qualified in excavation.

Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____

192.327

19) _____ Required cover is obtained, appropriate to type pipeline and location.
Ditch depth _____

20) _____ Person(s) qualified in purging.
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____

21) What are the company procedures for purging?_____
_____
_____

22) _____ Person(s) qualified in pressure testing.
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____

23) What is the pressure rating on the weakest element in your pipeline? (valves, flanges, fittings, etc.) _____
_____

24) Do the testing records include the following:
a) operator's name, name of employee responsible for making the test
_____
_____
b) test medium used _____
c) test pressure _____
d) test duration _____
e) pressure recording charts, or other record of pressure readings _____
_____
f) leaks and failures noted and their disposition _____
_____
_____

25) _____ Person(s) qualified in cathodic protection.
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____

26) _____ Person(s) qualified in coating pipeline joints.
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____
Name _____ Qualification date _____

27) _____ What type of cathodic protection is provided to pipe.
Size anodes: _____ Rectifier: _____

28) _____ Approximate length of pipeline inspected (number of feet)._____
Number of Services Inspected_____

Subpart J file.

29) _____ Strength and leak test are made in compliance with Subpart J and records on
Test pressure _____ (PSI) Test medium _____ Duration _____

30) Deficiencies noted: _____
_____
_____
_____
_____

31) Was corrective action taken: _____Yes _____No

32) Other Remarks:

Form 04-01 Gs

Steel Construction Form