

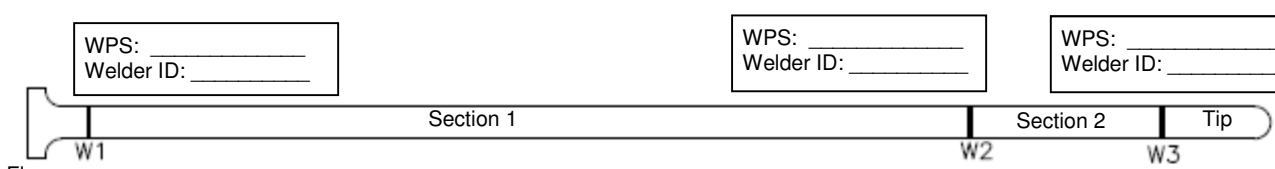
SOOT BLOWER LANCE TUBE FABRICATION CHECKLIST			
PURCHASE ORDER:		DATE FABRICATED:	
LANCE TUBE DESCRIPTION:		PREPARED BY:	
LANCE TUBE IDENTIFICATION No.:	LETTER OF COMPLIANCE ISSUED:	YES	NO

ITEM		YES	NO	COMMENT
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1.0 MATERIALS				
1.1	Materials conform to ASME B31.1 (ASME SEC II)	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Flange material correct, material specification and grade, and heat number recorded on Figure No.1 below	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Lance tube section 1 material correct, material specification and grade, and heat number recorded on Figure No.1 below	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Lance tube section 2 material specification and grade, and heat number recorded on Figure No.1 below	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Lance tip material specification and grade, and heat number recorded on Figure No.1 below	<input type="checkbox"/>	<input type="checkbox"/>	

2.0 WELDING				
2.1	Welding procedure specifications (WPS) are applicable to the material and joint configuration	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	WPS's are qualified in accordance with ASME Section IX	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Welders and / or welding operators are deemed qualified and competent with the applicable Welder Performance Qualification(s), for the applicable WPS, in accordance with ASME Section IX	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Welder and / or welding operator to have a unique identification number and this is recorded accordingly in Figure No. 1 below.	<input type="checkbox"/>	<input type="checkbox"/>	

3.0 NON DESTRUCTIVE EXAMINATION				
3.1	Non Destructive Examination (NDE completed as per the code of construction and ASME Section V	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Personnel performing the NDE must have minimum qualifications as per ASNT Level II	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Weld No. 1 visually examined – zero undercut permitted	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Weld No. 1 ground flush	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Weld No.1 volumetric examination complete [circle one: UTPA RT ]	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Weld No.1 Wet Fluorescent Magnetic Particle (WFMT) examination complete	<input type="checkbox"/>	<input type="checkbox"/>	

FIGURE NO. 1			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">WPS: _____ Welder ID: _____</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">WPS: _____ Welder ID: _____</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">WPS: _____ Welder ID: _____</div>	
			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">W1 Hardness (HV) Flange: _____ Weld: _____ Section 1 _____</div>			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Flange Material: Spec and Gr _____ Heat _____</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Section 1 Material: Spec and Gr _____ Heat _____</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Section 2 Material: Spec and Gr _____ Heat _____</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Tip Material: Spec and Gr _____ Heat _____</div>

ITEM		YES	NO	COMMENT
<b>4.0 COMPLETION</b>				
4.1	Deficiencies are completed and signed off	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Letter of Compliance (LOC) completed and attached to shipment	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Components are to be protected from damage or contamination during shipment.	<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_  
QA/QC INSPECTOR (PRINT AND SIGN)

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
DATE