

NTPC QUALITY PLAN

MANUFACTURERS NAME & ADDRESS:		MANUFACTURING QUALITY PLAN						PROJECT: _____					
		ITEM: _____				QP NO. _____		PACKAGE: _____					
		SUB-SYSTEM: _____				REV. _____		CONTRACT NO.: _____					
				DATE: _____		PAGE _____ OF _____		CONTRACTOR: _____					
SL NO.	COMPONENT OPERATIONS	CHARACTERISTICS	CLASS	TYPE OF CHECK	QUANTUM OF CHECK	REFERENCE DOCUMENT	ACCEPTANCE NORMS	FORMAT OF RECORDS	AGENCY				REMARKS
									D*	M	C	N	
1	2	3	4	5	6	7	8	9	10				11
		LEGEND:						FOR NTPC USE:		DOC NO.			
MANUFACTURER / SUB- CONTRACTOR		CONTRACTOR		* RECORDS IDENTIFIED WITH TICK SHALL BE ESSENTIALLY INCLUDED BY CONTRACTOR IN QA DOCUMENTATION.									
				M: MANUFACTURER / SUB-CONTRACTOR C: CONTRACTOR NOMINATED INSPECTION AGENCY N: NTPC									
SIGNATURE:		INDICATE " P " PERFORM " W " WITNESS AND " V " VERIFICATION AS APPROPRIATE " CHP " NTPC SHALL IDENTIFIED IN COLUMN " N "						REVIEWED BY:		NAME & SIGN OF APPROVING AUTHORITY & SEAL			