



TORQUE RECORD SHEET

Client _____ Date: _____

Location/Site _____ Company Name _____

Work or QC Pack # _____ P&ID# _____ Drawing # _____

Equipment # _____ Flange # _____

Torque Spec _____ Pres Ft/lb, k/n _____

Tool Model _____ Pump # _____

Gauge Calibration # _____ Calibration Expiry _____

Target Ft/lb _____ Ambient Temp _____

Increment 1 Pump Pressure _____ Ft/lb _____ Completed Initial _____

Increment 2 Pump Pressure _____ Ft/lb _____ Completed Initial _____

Increment 3 Pump Pressure _____ Ft/lb _____ Completed Initial _____

Increment 4 Pump Pressure _____ Ft/lb _____ Completed Initial _____

Notes:

Final Torque Complete (print) _____ /Sign _____

Owner /Client Rep (print) _____ /Sign _____

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