

	<b>Checklist for Control of Design Prepared by Others</b>	Sample Form 06.06 Rev. 4 Date: 11.08.2025
ASME Code Section VIII-1, Appendix 47-2(b)		Page 1 of 2

<b>JOB NUMBER / ORDER NO:</b>		
<b>MANUFACTURER'S S/N:</b>		
<b>DESIGN CALCULATION:</b> (Document number and revision)		
<b>DESIGN DRAWING(s):</b> (Document number and revision)		
<b>PART LIST</b> (if separate Part List is used):		
<b>Quality Control Manual:</b> (Rev and Date)		
<b>Method of Exercising Control</b>  Each Design Calculation prepared by a Designer engaged by contract or agreement shall be subject to approval by the DM. Each Designer shall be designated. Computer programs shall be verified.		
<b>DESIGN DRAWING(s)</b> Document number(s) and Revision referenced in Design Calculation?	<input type="checkbox"/> YES <input type="checkbox"/> NA	<input type="checkbox"/> NO, Remarks
<b>PART LIST</b> (if separate Part List is used) Document number and Revision match with Design Calculation and Design Drawing(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NA	<input type="checkbox"/> NO, Remarks
<b>DESIGNER, indicate Name(s)</b>  Designer qualified on Form 06.04 Designer designated on Form 06.04 Form 06.04 with Evidence on file Evaluation documented every three years current? Designer(s) listed on "List of Designated Designers"?	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NA <input type="checkbox"/> YES	<input type="checkbox"/> NO, Remarks <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
<b>DESIGN</b> UDR-1 Form or equivalent on file? Design Requirements Form 06.05 on file? Special Service Applicable, conditions of UW-2 met? MAWP consistent with Drawing & Nameplate: MDMT consistent with Drawing & Nameplate: RT-x & PWHT correct on the nameplate U-2(g) Design applied?	<input type="checkbox"/> YES <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NA	<input type="checkbox"/> NO, Remarks <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO, Remarks <input type="checkbox"/> NO, Remarks <input type="checkbox"/> NO, Remarks <input type="checkbox"/> NO <input type="checkbox"/> NO MDR Remark

