

Radiography TEST Report for Piping

Report No. <b>PT-0306</b>	Reference Standard: <b>API 1104</b>	RT Device S/N: <b>13060</b>	Density: <b>2-4</b>	Received Dose(μsv)	Geiger	Dosimeter	Radiographer Name	Personnel Code
Report Date: <b>30/02/1405</b>	RT Instruction No. <b>J-104-IN-28</b>	KV:	Sensitivity: <b>1/2</b>	<b>0μsv</b>	...	<b>0</b>	رشید ناصری پیدنی	<b>1000</b>
Radiography Date: <b>29/02/1405</b>	RT Technique:	Source Power: <b>76 ci</b>	Film Type: <b>MX125-NIF-10</b>	<b>300μsv</b>	<b>PC 532</b>	<b>0</b>	یاور کریمی	<b>1143</b>
Request No. <b>0</b>	SWSI <input type="checkbox"/> DWSI <input checked="" type="checkbox"/> DWDI <input type="checkbox"/>	Source Size: <b>2-2</b>	Total Film Length: <b>1,179CM</b>	<b>300μsv</b>	<b>PN11302002</b>	<b>0</b>	جمشید ناصری	<b>1133</b>
Page: <b>1/1</b>	<b>IQI 10 - 16 Fe DIN</b>	Exposure Time: <b>100min</b>	Spoiled Film: <b>0CM</b>	<b>0μsv</b>	...	...	...	...

Number of locations: <b>12</b>	Total request (inch diameter/film sheet): <b>135</b>	Number of radiographic lesions: <b>12</b>	Total radiographed (inch diameter/film sheet): <b>135(inch)</b>	Start time: <b>17:00</b>	End time: <b>2:30</b>
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Row	Joint No.	Line No.	RT No.	Size (inch)	Thk (mm)	Film Size	Segment	Material	Welder Stamp		Welding Process	Joint Type	Req No.	Weld Defect	Accept	Repair	Reshoot	Retake	Cut-Out	Remark
									W1	W2										
1	8	30-91-P-34045-11C-T	3319	30	9.53	40*7		API5L-B	GCS15-GC23		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	50	4-91-P-34073-11C-V	3337	4	6.02	18*3		API5L-B	GC025		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	69	4-91-P-34073-11C-V	3338	4	6.02	18*3		API5L-B	GC023		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	2 RP	4-91-P-34277-11C-V	3268 P	4	6.02	18*1		API5L-B	GC108		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	30 RWE	20-91-P-34048-11C-I	3312	20	9.53	40*5		API5L-B	CA09-GCS15		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	2	24-91-P-34041-11C-I	3314	24	9.53	40*6		API5L-B	GC016-GC01		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	7	6-91-P-34066-11C-V	3294	6	7.11	24*3		API5L-B	GCS15		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	4 RP	6-92-WG-2301(0402-0504)-1	3298	6	7.11	24*1		API5L-B	GC108		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	12 RP	24-91-P-34047A-11C-T	3306	16	9.53	24*1		API5L-B	GCA09		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	9-11	4-91-P-34073-11C-V	3335	4	6.02	18*3		API5L-B	GCS15		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	6	20-91-P-34048-11C-I	3311	14	9.53	24*6		API5L-B	GC016		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	20 RP	3-92-CWS-2302(0402-0501)	3280 RT	3	5.49	15*1		API5L-B	GC108		B.W			ACC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Number of radiographed welds: <b>12</b>	Total inch: <b>135(inch)</b>	Total number of film sheets: <b>40</b>
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<b>Legend:</b> P: Proximity CP: Cluster porosity LOP, IP: Lack Of Penetration, Inadequate Penetration UC: UnderCut SI: Slag Inclusion HB: Hollow Bead EP: Excess Penetration WH: Worm Hole
C: Crack CC: Crater Crack LOF, IF: Lack Of Fusion, Incomplete Fusion BT: Burn Through CL: Cold Lap MA: MisAlignment IC: Internal Concavity FM: Film Mark

<b>Sub-Contractor (NDT Contractor)</b>			<b>Owner</b>	
<b>Operator (Level II)</b>			<b>Technical Manager</b>	
Name: رشید ناصری پیدنی	Name: سینا حاجی مقصودی		Name:	
Date: 30/02/1405 درخواست تحویلی صفر شد	Date:	Date:		
Sign:	Sign:	Sign:		