

Radiography TEST Report for Piping

Report No. <b>566</b>	Reference Standard: ASME B 31.3	RT Device S/N: <b>573</b>	Density: 2-4	Received Dose(μsv)	Geiger	Dosimeter	Radiographer Name	Personnel Code
Report Date: 26/03/1405	RT Instruction No. J-104-IN-33	KV:	Sensitivity: 1/2		...	0	سید حمید موسوی	1234
Radiography Date: 25/03/1405	RT Technique:	Source Power: 21 ci	Film Type: MX125-NIF-10	190μsv	1226	0	رضا عبدلی	1179
Request No. 566	SWSI <input type="checkbox"/> DWSI <input type="checkbox"/> DWDI <input checked="" type="checkbox"/>	Source Size: 2-2	Total Film Length: 1,245CM	160μsv	1190	0	کرامت اله صادقی	1123
Page: 1/2	IQI 10 - 16 Fe DIN	Exposure Time: 160min	Spoiled Film:		...	...	...	

Number of locations: 51	Total request (inch diameter/film sheet): 65.5	Number of radiographic lesions: 32	Total radiographed (inch diameter/film sheet): (inch)	Start time: 20:30	End time: 5:00
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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	015RWCCO	2-JWS-10-64A11-A1U26(RI)	6246CO	2	3.91	15*2	ALL	CS	PW-028			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	016RWCCO	2-JWS-10-64A11-A1U26(RI)	6247CO	2	3.91	15*2	ALL	CS	PW-028			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	024	2-PRO-10-07633-B6P21	6320	2	5.54	15*2	ALL	LTCS	PW-119			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	033RWC	2-PRO-10-07633-B6P21	6350	2	5.54	15*2	ALL	LTCS	PW-013-1			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	001	2-PRO-10-21A05-B6P21	6353	2	5.54	15*2	ALL	LTCS	PW-103			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	010	2-PRO-10-21A05-B6P21	6354	2	5.54	15*2	ALL	LTCS	PW-102			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	013	2-PRO-10-21A05-B6P21	6355	2	5.54	15*2	ALL	LTCS	PW-102			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	016	2-PRO-10-21A05-B6P21	6356	2	5.54	15*2	ALL	LTCS	PW-118			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	017	2-PRO-10-21A05-B6P21	6357	2	5.54	15*2	ALL	LTCS	PW-118			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	019	2-PRO-10-21A05-B6P21	6358	1	4.55	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	020	2-PRO-10-21A05-B6P21	6359	1	4.55	15*3	ALL	LTCS	PW-103			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	021	2-PRO-10-21A05-B6P21	6360	1	4.55	15*3	ALL	LTCS	PW-103			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	022	2-PRO-10-21A05-B6P21	6361	1	4.55	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	023	2-PRO-10-21A05-B6P21	6362	1	4.55	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	024	2-PRO-10-21A05-B6P21	6363	1	4.55	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	025	2-PRO-10-21A05-B6P21	6364	1	4.55	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	026	2-PRO-10-21A05-B6P21	6365	1	4.55	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	028	2-PRO-10-21A05-B6P21	6366	2	5.54	15*2	ALL	LTCS	PW-012-1			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	030	2-PRO-10-21A05-B6P21	6367	0.5	3.73	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	031	2-PRO-10-21A05-B6P21	6368	0.5	3.73	15*3	ALL	LTCS	PW-137			BW	566		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Number of radiographed welds: 20	Total inch: (inch)	Total number of film sheets: 83
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<b>Legend:</b>	<b>P:</b> Proximity	<b>CP:</b> Cluster porosity	<b>LOP, IP:</b> Lack Of Penetration, Inadequate Penetration	<b>UC:</b> UnderCut	<b>SI:</b> Slag Inclusion	<b>HB:</b> Hollow Bead	<b>EP:</b> Excess Penetration	<b>WH:</b> Worm Hole
	<b>C:</b> Crack	<b>CC:</b> Crater Crack	<b>LOF, IF:</b> Lack Of Fusion, Incomplete Fusion	<b>BT:</b> Burn Through	<b>CL:</b> Cold Lap	<b>MA:</b> MisAlignment	<b>IC:</b> Internal Concavity	<b>FM:</b> Film Mark

Sub-Contractor (NDT Contractor)		QR Code	Owner	
Operator (Level II)	Technical Manager		Name:	Date:
Name: سید حمید موسوی	Name: سینا حاجی مقصدی		Name:	Date:
Date: 26/03/1405	Date:		Sign:	Sign:
Sign:	Sign:			