

Radiography TEST Report for Piping

Report No. HOMA-142	Reference Standard: ASME B 31.3	RT Device S/N: 573	Density: 2-4	Received Dose(µsv)	Geiger	Dosimeter	Radiographer Name	Personnel Code
Report Date: 31/02/1405	RT Instruction No. J-104-IN-33	KV:	Sensitivity: 1/2		...	0	علی دلیخون	1230
Radiography Date: 30/02/1405	RT Technique:	Source Power: 26 ci	Film Type: MX125- PB-10	80µsv	1122	0	ابوذر تاجمردادی	1110
Request No. 418	SWSI <input type="checkbox"/> DWSI <input type="checkbox"/> DWDI <input checked="" type="checkbox"/>	Source Size: 2-2	Total Film Length: 1,602CM	60µsv	FS-606	0	مصطفی نادری	1124
Page: 1/2	IQI 10 - 16 Fe DIN	Exposure Time: 185min	Spoiled Film:

Number of locations: 28	Total request (inch diameter/film sheet): 118	Number of radiographic lesions: 28	Total radiographed (inch diameter/film sheet): 118(inch)	Start time: 19:00	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	4	HC-1134001-HN27-6"-P	4347	6	10.97	24*3	ALL	CS	51				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	6	HC-1134001-HN27-6"-P	4349	6	10.97	24*3	ALL	CS	51				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	20	HC-1134001-HN27-6"-P	4350	6	10.97	24*3	ALL	CS	51				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	27	HC-1134001-HN27-6"-P	4351	6	10.97	24*3	ALL	CS	51				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	28	HC-1134001-HN27-6"-P	4352	6	10.97	24*3	ALL	CS	51				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	31	HC-1134001-HN27-6"-P	4353	6	10.97	24*3	ALL	CS	51				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	34	HC-1134001-HN27-6"-P	4354	6	10.97	24*3	ALL	CS	7				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	52	HC-1134001-HN27-6"-P	4355	3	11.13	15*3	ALL	CS	47				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	53	HC-1134001-HN27-6"-P	4356	2	8.74	15*3	ALL	CS	47				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	61	HC-1134001-HN27-6"-P	4357	2	8.74	15*3	ALL	CS	47				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	62	HC-1134001-HN27-6"-P	4358	3	11.13	15*3	ALL	CS	47				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	1	HCB-1131081-GN28-4"-P	4359	4	11.13	18*3	ALL	CS	7				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	2	HCB-1131081-GN28-4"-P	4360	4	11.13	18*3	ALL	CS	31				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	3	HCB-1131081-GN28-4"-P	4361	4	11.13	18*3	ALL	CS	7				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	4	HCB-1131081-GN28-4"-P	4362	4	11.13	18*3	ALL	CS	7				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	5	HCB-1131081-GN28-4"-P	4363	4	11.13	18*3	ALL	CS	7				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	6	HCB-1131081-GN28-4"-P	4364	4	11.13	18*3	ALL	CS	7				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	3B	HCB-1131081-GN28-4"-P	4365	4	11.13	18*3	ALL	CS	7				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	1	HCB-1131082-GN28-4"-P	4366	4	11.13	18*3	ALL	CS	51				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	2	HCB-1131082-GN28-4"-P	4367	4	11.13	18*3	ALL	CS	31				418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Number of radiographed welds: 20	Total inch: 88(inch)	Total number of film sheets: 84
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Legend:	P: Prosiy	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

Sub-Contractor (NDT Contractor)			Owner	
Operator (Level II)			Technical Manager	
Name: علی دلیخون	Date: 31/02/1405		Name: سینا حاجی مقصدی	Date: درخواست صفر شد
Sign:		Sign:		