

Radiography TEST Report for Piping

Report No.	HOMA-148	Reference Standard:	ASME B 31.3	RT Device S/N:	12689	Density:	2-4	Received Dose(μsv)		Geiger		Dosimeter		Radiographer Name		Personnel Code	
Report Date:	08/03/1405	RT Instruction No.	J-104-IN-33	KV:	kv	Sensitivity:	1/2		0μsv	...		0		علی دلیخون		1230	
Radiography Date:	05/03/1405	RT Technique:		Source Power:	72ci	Film Type:	MX125- PB-10		130μsv	1212		0		احد رنیمی		1216	
Request No.	424	SWS <input type="checkbox"/> DWSI <input checked="" type="checkbox"/> DWD <input type="checkbox"/>		Source Size:	2-2	Total Film Length:	2,188CM		110μsv	PC-536		0		کرامت اله صادقی		1123	
Page:	2/2	IQI 10 - 16 Fe DIN		Exposure Time:	150min	Spoiled Film:				0	

Number of locations:		Total request (inch diameter/film sheet):		Number of radiographic lesions:		Total radiographed (inch diameter/film sheet):		Start time:		End time:																
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																
21	22	GAS-1131066-GN28-8"-P	4440	2	8.74	15*3	ALL	CS	44				422			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
22	23	GAS-1131066-GN28-8"-P	4441	2	8.74	15*3	ALL	CS	44				422			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
23	47	GAS-1131066-GN28-8"-P	4443	2	8.74	15*3	ALL	CS	66				422			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
24	43B	GAS-1131066-GN28-8"-P	4442	2	8.74	15*3	ALL	CS	66				422			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
25	1	HCB-1131046-GN28-2"-P	4447	2	8.74	15*3	ALL	CS	60				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
26	2	HCB-1131046-GN28-2"-P	4448	2	8.74	15*3	ALL	CS	49				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
27	3	HCB-1131046-GN28-2"-P	4449	2	8.74	15*3	ALL	CS	49				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
28	4	HCB-1131046-GN28-2"-P	4450	2	8.74	15*3	ALL	CS	60				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
29	5	HCB-1131046-GN28-2"-P	4451	2	8.74	15*3	ALL	CS	49				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
30	6	HCB-1131046-GN28-2"-P	4452	2	8.74	15*3	ALL	CS	44				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
31	7	HCB-1131046-GN28-2"-P	4453	2	8.74	15*3	ALL	CS	44				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
32	8	HCB-1131046-GN28-2"-P	4454	2	8.74	15*3	ALL	CS	2				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
33	9	HCB-1131046-GN28-2"-P	4455	2	8.74	15*3	ALL	CS	2				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
34	10	HCB-1131046-GN28-2"-P	4456	2	8.74	15*3	ALL	CS	60				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
35	1	GAS-1205200-HN28-10"-P	1970RP	10	15.09	35*1	50-53	CS	104				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
36	2	GAS-1205200-HN28-10"-P	1020RP	10	15.09	35*1	64-72	CS	67				423			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
37	5	GAS-1205200-HN28-10"-P	63RP	6	10.97	24*2	CM4/CM35	CS	52				423			<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"/>						
0						*										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Number of radiographed welds:	17	Total inch:	54(inch)	Total number of film sheets:	106			
Legend:	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

Sub-Contractor (NDT Contractor)		Owner	
Operator (Level II)		Technical Manager	
Name:	علی دلیخون	Name:	سینا حاجی مقصودی
Date:	08/03/1405	Date:	درخواست صفر شد
Sign:		Sign:	