

Radiography TEST Report for Piping

Report No.	HOMA-155	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:	17/03/1405	RT Instruction No.	J-104-IN-33	KV:		Sensitivity:	1/2		...	0	علی دلیخون	1230
Radiography Date:	14/03/1405	RT Technique:		Source Power:	66 ci	Film Type:	FUJIS0-NIF-10	50μsv	1212	0	رضا آسیایی	1252
Request No.	431	SWSI <input type="checkbox"/> DWSI <input type="checkbox"/> DWDI <input checked="" type="checkbox"/>		Source Size:	2-2	Total Film Length:	873CM	40μsv	536	0	ناصر قاسمی	1284
Page:	1/1	IQI 10 - 16 Fe DIN		Exposure Time:	300min	Spoiled Film:	18CM		

Number of locations:	10	Total request (inch diameter/film sheet):	200	Number of radiographic lesions:	10	Total radiographed (inch diameter/film sheet):	200(inch)	Start time:	17:30	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	11	GAS-1150004-FN27-24"-P	601 RP	24	17.48	40*2	CM90	CS	67				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	9	GAS-1206168-GN28-24"-P	591 RP	24	24.61	40*1	80-100/96-102	CS	67				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	35	GAS-1206168-GN28-24"-P	3881 RP	24	24.61	40*1	177-178	CS	98				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	22	GAS-1206228-GN28-3"-P	2607 RP	3	11.13	15*3	11-14/26-0-2	CS	98				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	42A	GAS-1206230-GN28-24"-P	3423RP	24	24.61	40*2	100-105/170-172	CS	98				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	2M	HCB-1150090-FN27-32"-P	2067RP/RS	32	22.23	40*6	8-174/0-90/130-	CS	98				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	2N	HCB-1150090-FN27-32"-P	2068RP	32	22.23	40*1	CM20	CS	98				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	2N1	HCB-1150090-FN27-32"-P	2218RP/RS	32	22.23	40*5	70-100/CM135/	CS	98				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	4RW2	GAS-1217618-GN28-2"-P	4584CO	2	8.74	15*3	ALL	CS	104				431		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	21	GAS-1206228-GN28-3"-P	2606 CO	3	11.13	15*3	ALL	CS	98				431		<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"/>	
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0						*									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Number of radiographed welds:	10	Total inch:	200(inch)	Total number of film sheets:	27
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Legend:	P: Prosioty	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 مقصدی	Name:
Date:	17/03/1405	Date:	درخواست صفر شد(سرچوش RT:3308RP به درخواست شرکت انهار RT نشد)	Date:
Sign:		Sign:		Sign: