

Radiography TEST Report for Piping

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|------------------------------|--|-----------------------------|----------------------------|--------------------|--------|-----------|-------------------|----------------|
| Report No. HOMA-156 | 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: 15/03/1405 | RT Technique: | Source Power: 66 ci | Film Type: FUJIS0-NIF-10 | 10μsv | 1212 | 0 | رضا آسیایی | 1252 |
| Request No. 432 | SWSI <input type="checkbox"/> DWSI <input type="checkbox"/> DWDI <input checked="" type="checkbox"/> | Source Size: 2-2 | Total Film Length: 2,400CM | 0μsv | 536 | 0 | ناصر قاسمی | 1284 |
| Page: 1/1 | IQI 10 - 16 Fe DIN | Exposure Time: 52min | Spoiled Film: | | ... | ... | ... | |

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|------------------------|---|-----------------------------------|--|-------------------|----------------|
| Number of locations: 5 | Total request (inch diameter/film sheet): 240 | Number of radiographic lesions: 5 | Total radiographed (inch diameter/film sheet): 240(inch) | Start time: 19:00 | End time: 2:00 |
|------------------------|---|-----------------------------------|--|-------------------|----------------|

| 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 | 3RW | HCB-1150151-FN27-48"-P | 4598 | 48 | 32.5 | 40*12 | ALL | CS | 106-107 | | | | 432 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | 4RW | HCB-1150151-FN27-48"-P | 4599 | 48 | 32.5 | 40*12 | ALL | CS | 106-107 | | | | 432 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | 6RW | HCB-1150151-FN27-48"-P | 4600 | 48 | 32.5 | 40*12 | ALL | CS | 106-102 | | | | 432 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | 7RW | HCB-1150151-FN27-48"-P | 4601 | 48 | 32.5 | 40*12 | ALL | CS | 106-102 | | | | 432 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | 9RW | HCB-1150151-FN27-48"-P | 4602 | 48 | 32.5 | 40*12 | ALL | CS | 109-102 | | | | 432 | | <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"/> | |
| 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"/> | |
| 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"/> | |
| 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"/> | |

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| Number of radiographed welds: 5 | Total inch: 240(inch) | Total number of film sheets: 60 |
|---------------------------------|-----------------------|---------------------------------|

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|----------------|-------------|----------------------|--|------------------|--------------------|------------------|------------------------|---------------|
| Legend: | P: Prosoity | 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 |

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|---------------------------------|------------------------|-------|-------|
| Sub-Contractor (NDT Contractor) | | | Owner |
| Operator (Level II) | Technical Manager | | |
| Name: علی دلیخون | Name: سینا حاجی مقصودی | | Name: |
| Date: 17/03/1405 | Date: درخواست صفر شد | Date: | Date: |
| Sign: | Sign: | Sign: | Sign: |