

|  |           |                                                                                                                 |        | 1555                              |          |                                                          |                 | انهار (ایستگاه گاز هما) |              |                        |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
|---------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|--------|-----------------------------------|----------|----------------------------------------------------------|-----------------|-------------------------|--------------|------------------------|-----------------|------------------|---------|---------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------|
| <h2 style="text-align: center;">Radiography TEST Report for Piping</h2>         |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              |                        |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
| Report No. <b>HOMA-197</b>                                                      |           | Reference Standard: ASME B 31.3                                                                                 |        | RT Device S/N: <b>183</b>         |          | Density: 2-4                                             |                 | Received Dose(μsv)      |              | Geiger                 |                 | Dosimeter        |         | Radiographer Name                     |                                     | Personnel Code           |                                     |                                     |                          |        |
| Report Date: 27/04/1405                                                         |           | RT Instruction No. J-104-IN-33                                                                                  |        | KV:                               |          | Sensitivity: 1/2                                         |                 |                         |              | ...                    |                 | 0                |         | علی دلیخون                            |                                     | 1230                     |                                     |                                     |                          |        |
| Radiography Date: 25/04/1405                                                    |           | RT Technique:                                                                                                   |        | Source Power: 45 ci               |          | Film Type: FUJ150-NIF-10                                 |                 | 60μsv                   |              | 1122                   |                 | 0                |         | ابوذر تاجمردادی                       |                                     | 1110                     |                                     |                                     |                          |        |
| Request No. 471                                                                 |           | SWSI <input checked="" type="checkbox"/> DWSI <input checked="" type="checkbox"/> DWDI <input type="checkbox"/> |        | Source Size: 2-2                  |          | Total Film Length: 656CM                                 |                 | 20μsv                   |              | 536                    |                 | 0                |         | رضا آسیایی                            |                                     | 1252                     |                                     |                                     |                          |        |
| Page: 1/1                                                                       |           | IQI 10 - 16 Fe DIN                                                                                              |        | Exposure Time: 270min             |          | Spoiled Film:                                            |                 |                         |              | ...                    |                 | ...              |         | ...                                   |                                     |                          |                                     |                                     |                          |        |
| Number of locations: 6                                                          |           | Total request (inch diameter/film sheet): 182                                                                   |        | Number of radiographic lesions: 6 |          | Total radiographed (inch diameter/film sheet): 182(inch) |                 | Start time:             |              | 20:00                  |                 | End time:        |         | 4:00                                  |                                     |                          |                                     |                                     |                          |        |
| 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                                                                               | 12RW      | GAS-1150077-FN27-32"-P                                                                                          | 3422RP | 32                                | 22.23    | 40*4                                                     | 4-127/135-143/2 | CS                      | 67           |                        |                 | BW               | 471     |                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |        |
| 2                                                                               | 13RW      | GAS-1150077-FN27-32"-P                                                                                          | 3424RP | 32                                | 22.23    | 40*3                                                     | 16/136-140/150  | CS                      | 67           |                        |                 | BW               | 471     |                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |        |
| 3                                                                               | 22RW      | GAS-1150077-FN27-32"-P                                                                                          | 3428RP | 32                                | 22.23    | 40*1                                                     | 150-153         | CS                      | 67           |                        |                 | BW               | 471     |                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |        |
| 4                                                                               | 18ARW     | GAS-1150077-FN27-32"-P                                                                                          | 5464   | 6                                 | 7.11     | 24*3                                                     | ALL             | CS                      | 7            |                        |                 | BW               | 471     |                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |        |
| 5                                                                               | 5RW       | HCB-1150097-FN27-48-P                                                                                           | 2291RS | 48                                | 30.18    | 224*1                                                    | 90-100/120-130  | CS                      | 2--7         |                        |                 | BW               | 471     | ریشوت مربوط به پیماندگار قبلی می باشد | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |        |
| 6                                                                               | 1         | HCB-1150098-FN27-48-P                                                                                           | 1538RS | 32                                | 22.23    | 40*1                                                     | 225-0           | CS                      | 23--37       |                        |                 | BW               | 471     | ریشوت مربوط به پیماندگار قبلی می باشد | <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 checked="" 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: 6                                                 |           | Total inch: 182(inch)                                                                                           |        | Total number of film sheets: 13   |          |                                                          |                 |                         |              |                        |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
| Legend:                                                                         |           | P: Prosimity                                                                                                    |        | 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)                                                 |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              |                        |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
| Operator (Level II)                                                             |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              | Technical Manager      |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
| Name: علی دلیخون                                                                |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              | Name: سینا حاجی مقصودی |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
| Date: 27/04/1405 درخواست صفر شد                                                 |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              | Date:                  |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
| Sign:                                                                           |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              | Sign:                  |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
| Code: J-104-FO-09                                                               |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              | Revision: 04           |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
|                                                                                 |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              | Issue.Date: 1400.11.02 |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |
|                                                                                 |           |                                                                                                                 |        |                                   |          |                                                          |                 |                         |              | Rev.Date: 1404.07.29   |                 |                  |         |                                       |                                     |                          |                                     |                                     |                          |        |

