

## Radiography TEST Report for Piping

| Report No. <b>KSM-ASU-949</b>          |           | Reference Standard: <b>ASME B 31.3</b>                                                               |         | RT Device SN: <b>212</b>                                    |          | Density: <b>2-4</b>                      |         | Received Dose(juv)                             |              | Geiger                        |                 | Dosimeter                     |         | Radiographer Name     |                                     | Personal Code            |                          |                          |                          |        |
|----------------------------------------|-----------|------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|----------|------------------------------------------|---------|------------------------------------------------|--------------|-------------------------------|-----------------|-------------------------------|---------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| Report Date: <b>19/04/1405</b>         |           | RT Instruction No. <b>J-104-IN-33</b>                                                                |         | KV:                                                         |          | Sensitivity: <b>1/2</b>                  |         |                                                |              | ---                           |                 | 0                             |         | رضا خادم پور          |                                     | 1111                     |                          |                          |                          |        |
| Radiography Date: <b>13/04/1405</b>    |           | RT Technique:                                                                                        |         | Source Power: <b>49 ci</b>                                  |          | Film Type: <b>MX125-PB-10</b>            |         | <b>20µsv</b>                                   |              | PC-524                        |                 | 0                             |         | پہدم فریدی            |                                     | 1139                     |                          |                          |                          |        |
| Request No. <b>SSA-RQ-526</b>          |           | SWSI <input type="checkbox"/> DWSI <input checked="" type="checkbox"/> DWDI <input type="checkbox"/> |         | Source Size: <b>2 mm</b>                                    |          | Total film Length: <b>715CM</b>          |         | <b>20µsv</b>                                   |              | 1204                          |                 | 0                             |         | محمد امین تونی        |                                     | 1244                     |                          |                          |                          |        |
| Page: <b>1/1</b>                       |           | IQI <b>10-16</b>                                                                                     |         | Fe EN                                                       |          | Exposure Time: <b>35min</b>              |         | Spoiled Film:                                  |              | ---                           |                 | ---                           |         | ---                   |                                     | ---                      |                          |                          |                          |        |
| Number of locations: <b>21</b>         |           | Total request (inch diameter/film sheet):                                                            |         | 303                                                         |          | Number of radiographic lesions: <b>5</b> |         | Total radiographed (inch diameter/film sheet): |              | 82(inch)                      |                 | Start time:                   |         | 1:35                  |                                     | End time: <b>5:00</b>    |                          |                          |                          |        |
| 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                   | Rebuild                  | Reale                    | Cut Out                  | Remark |
|                                        |           |                                                                                                      |         |                                                             |          |                                          |         |                                                | W1           | W2                            |                 |                               |         |                       |                                     |                          |                          |                          |                          |        |
| 1                                      | 28        | LA-70-30010                                                                                          | CB-6824 | 12                                                          | 14       | 40*3                                     |         |                                                |              |                               | GWC-08          |                               |         | SSA-RQ-5              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 2                                      | 37        | GA-70-30002                                                                                          | CB-6914 | 10                                                          | 12.7     | 35*3                                     |         |                                                |              |                               | GWC-17          |                               |         | SSA-RQ-5              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 3                                      | 41        | GA-70-30002                                                                                          | CB-6916 | 10                                                          | 12.7     | 35*3                                     |         |                                                |              |                               | GWC-17          |                               |         | SSA-RQ-5              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 4                                      | 49        | GA-70-30002                                                                                          | CB-6917 | 10                                                          | 12.7     | 35*3                                     |         |                                                |              |                               | GWC-17          |                               |         | SSA-RQ-5              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 5                                      | 54        | GWN-70-30005                                                                                         | CB-6924 | 40                                                          | 8        | 40*7                                     |         |                                                |              |                               | GWC-17          | -11                           |         | SSA-RQ-5              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 6                                      |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 7                                      |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 8                                      |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 9                                      |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 10                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 11                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 12                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 13                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 14                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 15                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 16                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 17                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 18                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 19                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 20                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 21                                     |           |                                                                                                      |         |                                                             |          | *                                        |         |                                                |              |                               |                 |                               |         |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Number of radiographed welds: <b>5</b> |           | Total inch: <b>82(inch)</b>                                                                          |         | Total number of film sheets: <b>19</b>                      |          |                                          |         |                                                |              |                               |                 |                               |         |                       |                                     |                          |                          |                          |                          |        |
| Legend: <b>P: Proximity</b>            |           | <b>CP: Cluster porosity</b>                                                                          |         | <b>LOP, IP: Lack Of Penetration, Inadequate Penetration</b> |          | <b>UC: UnderCut</b>                      |         | <b>SI: Slag Inclusion</b>                      |              | <b>HB: Hollow Bead</b>        |                 | <b>EP: Excess Penetration</b> |         | <b>WH: Worm Hole</b>  |                                     |                          |                          |                          |                          |        |
| <b>C: Crack</b>                        |           | <b>CC: Crater Crack</b>                                                                              |         | <b>LOF, IF: Lack Of Fusion, Incomplete Fusion</b>           |          | <b>BT: Burn Through</b>                  |         | <b>CL: Cold Lap</b>                            |              | <b>MA: MisAlignment</b>       |                 | <b>IC: Internal Concavity</b> |         | <b>FME: Film Mark</b> |                                     |                          |                          |                          |                          |        |
| Sub-Contractor (NDT Contractor)        |           |                                                                                                      |         |                                                             |          |                                          |         |                                                |              | Owner                         |                 |                               |         |                       |                                     |                          |                          |                          |                          |        |
| Operator (Level II)                    |           |                                                                                                      |         |                                                             |          |                                          |         |                                                |              | Technical Manager             |                 |                               |         |                       |                                     |                          |                          |                          |                          |        |
| Name: <b>رضا خادم پور</b>              |           |                                                                                                      |         |                                                             |          |                                          |         |                                                |              | Name: <b>سینا حاجی مقصودی</b> |                 |                               |         |                       |                                     |                          |                          |                          |                          |        |
| Date: <b>19/04/1405</b>                |           |                                                                                                      |         |                                                             |          |                                          |         |                                                |              | Date:                         |                 |                               |         |                       |                                     |                          |                          |                          |                          |        |
| Sign:                                  |           |                                                                                                      |         |                                                             |          |                                          |         |                                                |              | Sign:                         |                 |                               |         |                       |                                     |                          |                          |                          |                          |        |

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