

## Radiography TEST Report for Piping

| Report No.                      | KSM-M2-785 | Reference Standard:                       | ASME B 31.3                   | RT Device SN:                                        | 1912                   | Density:           | 2-4                             | Received Dose(juv)     |                                                | Geiger                       |                 | Dosimeter  |          | Radiographer Name | Personnel Code                      |                          |                          |                          |                          |        |
|---------------------------------|------------|-------------------------------------------|-------------------------------|------------------------------------------------------|------------------------|--------------------|---------------------------------|------------------------|------------------------------------------------|------------------------------|-----------------|------------|----------|-------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| Report Date:                    | 14/05/1405 | RT Instruction No.                        | J-104-IN-33                   | KV:                                                  |                        | Sensitivity:       | 1/2                             |                        |                                                | ---                          |                 | 0          |          | هومان نادری       | 1205                                |                          |                          |                          |                          |        |
| Radiography Date:               | 02/05/1405 | RT Technique:                             |                               | Source Power:                                        | 15 ci                  | Film Type:         | MX125-PB-10                     | 20µsv                  |                                                | PC-534                       |                 | 0          |          | مهدي نايان        | 1159                                |                          |                          |                          |                          |        |
| Request No.                     | RQ-M2-304  | SWSI <input type="checkbox"/>             | DWSI <input type="checkbox"/> | DWDI <input checked="" type="checkbox"/>             | Source Size:           | 2-2                | Total film Length:              | 158CM                  | 20µsv                                          | PC-531                       |                 | 0          |          | شهاب خسرويان      | 1109                                |                          |                          |                          |                          |        |
| Page:                           | 1/1        | IQ1                                       | 10-16                         | Fe                                                   | EN                     | Exposure Time:     | 40min                           | Spilled Film:          |                                                | ---                          |                 | ---        |          |                   |                                     |                          |                          |                          |                          |        |
| Number of locations:            | 5          | Total request (inch diameter/film sheet): |                               |                                                      |                        | 10                 | Number of radiographic lesions: | 5                      | Total radiographed (inch diameter/film sheet): |                              |                 |            | 10(inch) | Start time:       | 20:30                               | End time:                | 23:00                    |                          |                          |        |
| 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                   | Rebuild                  | Reack                    | Cut Out                  | Remark |
|                                 |            |                                           |                               |                                                      |                        |                    |                                 |                        | W1                                             | W2                           |                 |            |          |                   |                                     |                          |                          |                          |                          |        |
| 1                               | 014-1      | CWS-102008                                | P-0361                        | 2                                                    | 5.54                   | 15*2               |                                 | CS                     | GWP-085                                        |                              |                 |            | RQ-M2-30 |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 2                               | 14         | CWR-102002                                | P-0362                        | 2                                                    | 5.54                   | 15*2               |                                 | CS                     | GWP-085                                        |                              |                 |            | RQ-M2-30 |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 3                               | 16         | CWR-102002                                | P-0363                        | 2                                                    | 5.54                   | 15*2               |                                 | CS                     | GWP-085                                        |                              |                 |            | RQ-M2-30 |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 4                               | 16         | CWS-102008                                | P-0364                        | 2                                                    | 5.54                   | 15*2               |                                 | CS                     | GWP-072                                        |                              |                 |            | RQ-M2-30 |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 5                               | 013-1      | UW-102018                                 | P-0365                        | 2                                                    | 5.54                   | 15*2               |                                 | CS                     | GWP-085                                        |                              |                 |            | RQ-M2-30 |                   | <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"/> |        |
| 22                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 23                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 24                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 25                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 26                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 27                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 28                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 29                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 30                              |            |                                           |                               |                                                      |                        | *                  |                                 |                        |                                                |                              |                 |            |          |                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Number of radiographed welds:   |            |                                           |                               | 5                                                    | Total inch:            |                    |                                 |                        | 10(inch)                                       | Total number of film sheets: |                 |            |          | 10                |                                     |                          |                          |                          |                          |        |
| 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 | FME: Film Mark                                 |                              |                 |            |          |                   |                                     |                          |                          |                          |                          |        |
| Sub-Contractor (NDT Contractor) |            |                                           |                               |                                                      |                        |                    |                                 |                        |                                                | Owner                        |                 |            |          |                   |                                     |                          |                          |                          |                          |        |
| Operator (Level II)             |            |                                           |                               |                                                      | Technical Manager      |                    |                                 |                        |                                                |                              |                 |            |          |                   |                                     |                          |                          |                          |                          |        |
| Name: هومان نادری               |            |                                           |                               |                                                      | Name: سينا حاجي مقصودی |                    |                                 |                        |                                                |                              |                 |            |          |                   |                                     |                          |                          |                          |                          |        |
| Date: 14/05/1405                |            |                                           |                               |                                                      | Date:                  |                    |                                 |                        |                                                |                              |                 |            |          |                   |                                     |                          |                          |                          |                          |        |
| Sign:                           |            |                                           |                               |                                                      | Sign:                  |                    |                                 |                        |                                                |                              |                 |            |          |                   |                                     |                          |                          |                          |                          |        |



مینیمم شارژ ماهیانه تعلق میگیرد