

## Radiography TEST Report for Piping

|                   |            |                                                                                                                 |               |                |        |                    |              |                    |  |        |  |           |  |                   |                |
|-------------------|------------|-----------------------------------------------------------------------------------------------------------------|---------------|----------------|--------|--------------------|--------------|--------------------|--|--------|--|-----------|--|-------------------|----------------|
| Report No.        | KSM-M2-709 | Reference Standard:                                                                                             | ASME B 31.3   | RT Device S/N: | 212    | Density:           | 2-4          | Received Dose(μsv) |  | Geiger |  | Dosimeter |  | Radiographer Name | Personnel Code |
| Report Date:      | 18/05/1405 | RT Instruction No.                                                                                              | J-104-IN-33   | KV:            |        | Sensitivity:       | 1/2          |                    |  | ...    |  | 0         |  | رضا خادم پیر      | 1111           |
| Radiography Date: | 15/05/1405 | RT Technique:                                                                                                   |               | Source Power:  | 36 ci  | Film Type:         | MX125- PB-10 | 70μsv              |  | PC-524 |  | 0         |  | بهنام فرخیانی     | 1139           |
| Request No.       | RQ-M2-308  | SWSI <input type="checkbox"/> DWSI <input checked="" type="checkbox"/> DWDI <input checked="" type="checkbox"/> |               | Source Size:   | 2-2    | Total Film Length: | 510CM        | 50μsv              |  | PC-529 |  | 0         |  | مجتبی بهزادی      | 1276           |
| Page:             | 1/1        | IQI                                                                                                             | 10 - 16 Fe EN | Exposure Time: | 360min | Spoiled Film:      |              |                    |  | ...    |  | ...       |  | ...               |                |

| Number of locations: |           | 6         | Total request (inch diameter/film sheet): |             | 107      | Number of radiographic lesions: |         |          | 4            | Total radiographed (inch diameter/film sheet): |                 |            |          | 51(inch)    | Start time:                         |                          | 20:30                    | 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                    | .1        | RCG-12067 | M2-2500                                   | 30          | 28.58    | 40*6                            |         | SS       | GWP-72       | -2                                             |                 |            | RQ-M2-30 |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 2                    | 2 RWE     | PMP-22064 | M2-2501                                   | 18          | 9.53     | 30*6                            |         | CS       | GWP-51       | -47                                            |                 |            | RQ-M2-30 |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 3                    | 11        | IA-02035  | M2-2503                                   | 1.5         | 5.08     | 15*3                            |         | SS       | GWP-53       |                                                |                 |            | RQ-M2-30 |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 4                    | 19        | IA-02001  | M2-2504                                   | 1.5         | 5.08     | 15*3                            |         | SS       | GWP-53       |                                                |                 |            | RQ-M2-30 |             | <input checked="" 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"/> |        |
| 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"/>            |                          |                          |                          |                          |        |